DOCUMENT RESUME

ED 338 371 PS 019 938

AUTHOR DeMonnin, Leona
TITLE COAP: Children of Alcoholic Parents. Curriculum.
INSTITUTION Spokane Community Coll., WA.
SPONS AGENCY Administration for Children, Youth, and Families (DHHS), Washington, D.C.
PUB DATE 90
CONTRACT 90-CD-0622
NOTE 201p.
AVAILABLE FROM Community Colleges of Spokane, Spokane County Head Start/COAP, 4410 North Market Street, Spokane, WA 99207 ($9.95; Washington residents should add $0.79 tax).
PUB TYPE Guides - Classroom Use - Teaching Guides (For Teacher) (052)

EDRS PRICE MF01/PC09 Plus Postage.
DESCRIPTORS *Alcoholism; Anger; Child Welfare; *Curriculum Development; *Early Intervention; Emotional Development; Family Environment; *Family Problems; Nutrition Instruction; *Preschool Children; *Preschool Curriculum; Preschool Education; Relaxation Training; Safety; Self Esteem
IDENTIFIERS *Children of Alcoholics

ABSTRACT

The Children of Alcoholics Project (COAP) offers a preschool curriculum designed to increase the survival skills of children of alcoholics and help these children adjust to problems in an alcoholic home. The program goals address cognitive, social and emotional, and physical development. Children are selected for the program based on identification by social workers, teachers, or parents. The curriculum is presented in 10 sessions. In Session I, children are given factual information about alcohol. Session II is designed to help children talk about their feelings. Session III teaches children to become aware of hidden anger and vent anger in appropriate ways. Chilren's self-esteem is strengthened in Sessions IV and VIII. In Session V, children are given information about the differences and similarities among families. Session VI teaches children safety practices for use during incidents of family violence. Physical health and relaxation are encouraged in Session VII, and instruction on nutrition is provided in Session IX. Session X provides closure for the series of sessions. References are cited for some of the sessions. Appendixes include a facilitator's guide, parent involvement handouts, guidelines and materials for art activities, and a user's evaluation form. (BC)

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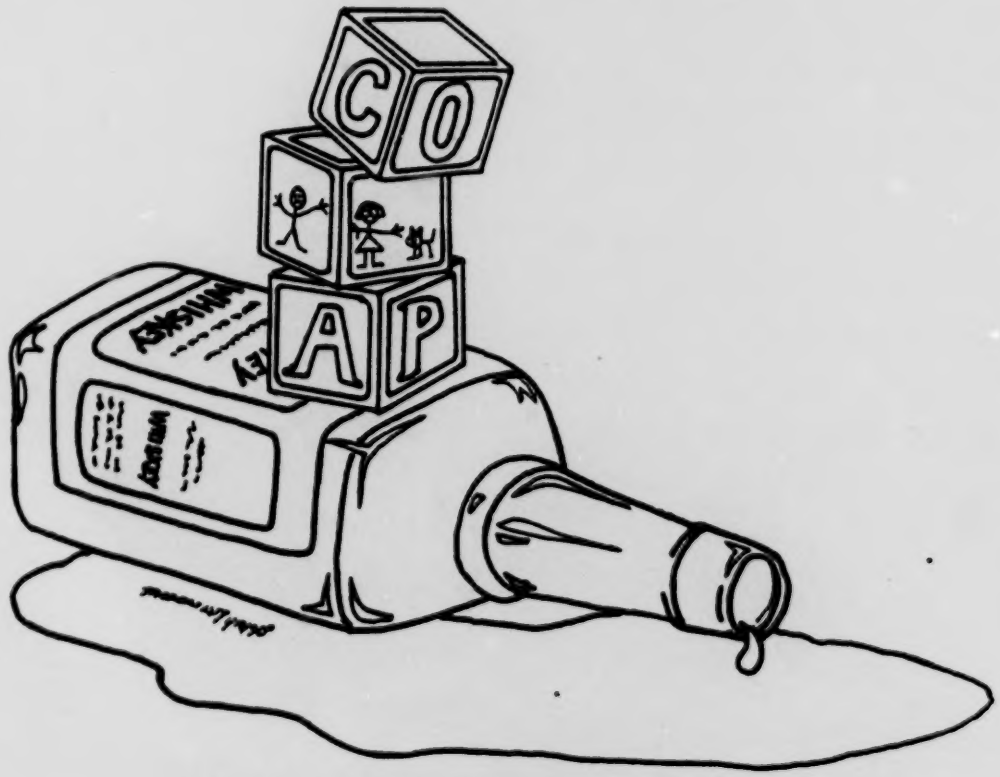
COAP

Children of Alcoholic Parents

By
Leona DeMonnin



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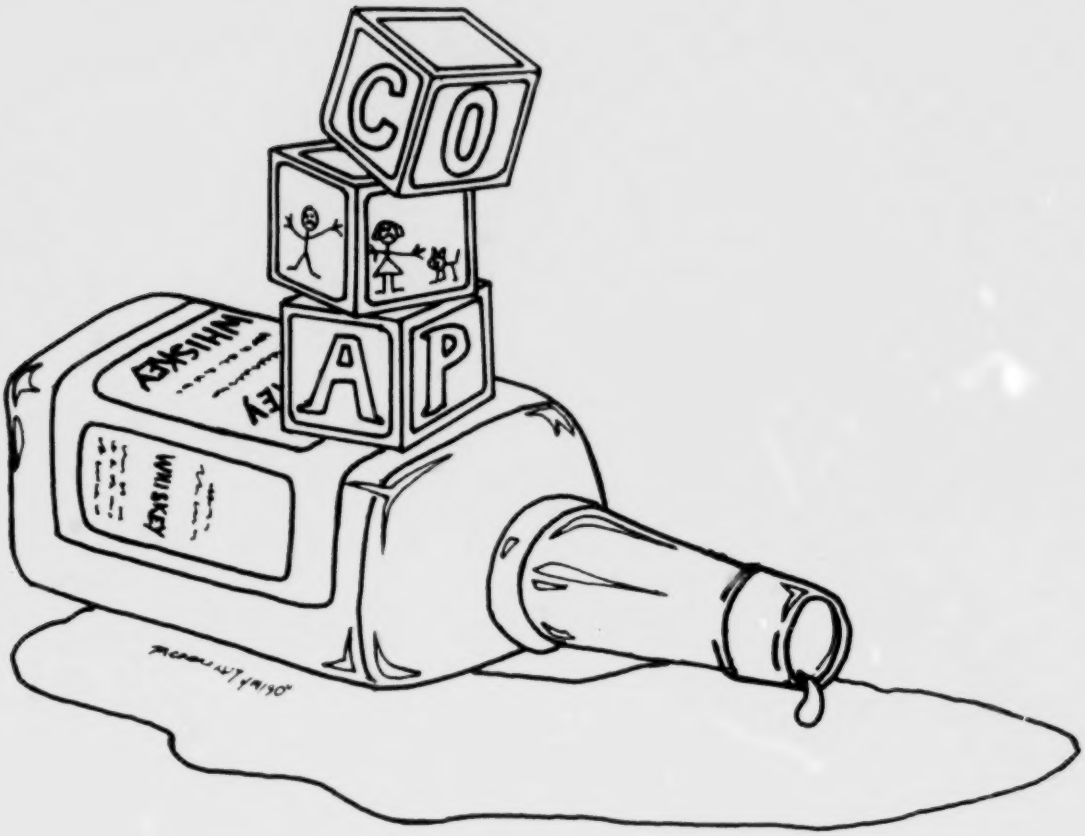
COAP

CHILDREN OF ALCOHOLIC PARENTS CURRICULUM



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Funded by a Grant From:

The United States Department of Health and Human Services
Office of Human Development Services
Administration for Children, Youth and Families
Head Start Bureau
Special Discretionary Funds — Grant Number 90-CD-0622

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ACKNOWLEDGEMENTS

Many, many persons have helped me in the preparation of this curriculum. I am grateful for the opportunities given to me by Dan Bly to observe and work with children in small groups; to Laurie Bradford and Julie Bostwick, teachers who invited me into their classes, as the lady who comes and talks about alcohol; to my colleagues, Kathy Lloyd and Sally Noble, who did extensive research in the beginning and were so supportive of my endeavors; and special thanks to Pam Praeger, our executive director, whose encouragement and contributions to the project made the initial innovative grant possible.

It is with great pride that I say a special thanks to Dr. Sherrill Richarz, who spent many hours critiquing and reviewing materials and tapes to ensure that sound child development theory was followed and age appropriate activities were reflected. She went beyond critiquing and became a co-presenter and advocate trainer for the COAP curriculum.

My special thanks to my Advisory Board for their critical reviews and evaluations. Their professional reviews were paramount to networking ideas and materials and expanding the content of this curriculum.

I am grateful to Nancy Barstad, who provided regular assistance in budget matters, and to Shelli Cockle for her expert production work. It is significant that our social work manager, Kris Miller, gave me her blessings, input and time to work on this project. To Lynette Hays, whose artwork is included, my thanks. And of course no author can truly write without the guidance of an editor. To my new-found friend and professional editor, Connie Broughton — many thanks, Connie.

I also would like to acknowledge the support of my family during my prolonged preoccupation with this curriculum; to my long-time friend Mary Whalen, who submitted poems throughout the chapters; to my son, Bill Deymonaz, for his artwork which enhances the chapters; and to my son, Mike Deymonaz, who designed the logo and cover.

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February 26, 1990

Leona DeMonnin, Project Coordinator
Children of Alcoholics Project
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Dear Ms. DeMonnin,

After working with the COAP material and meeting with you a number of times to discuss the project and the revisions and additions for the materials, I would like to respond in detail to the project as I see it to date.

First, I am very pleased with the basic foundation that you have built for the program. There is a definite need for the establishment of such a program (as you have shown), and the work you have done with the substance abuse professionals has laid the groundwork for a professional program for working with preschool children whose parents are alcoholics or abuse other drugs. By working with the Community Mental Health staff and Head Start/ECEAP administrators and support staff, you have established a solid relationship for a program that can serve as a model for future development. You emphasize that this cooperative, sharing effort is essential for successful implementation of such a project.

Second, I am pleased with the overall content of the program -- the lessons contain the information we recognized as essential to use in order to be effective with these children. You were able to revise some of the materials as needed -- after the initial groups were in operation and after you consulted with the substance abuse staff professionals. The objective, honest treatment of the topics provide the children with what they need and builds their trust in such a program. The content of the curriculum is excellent and the lessons and activities are at a level appropriate for the ages of children to be included. I feel the curriculum materials are very valuable.

Third, the format is also outstanding. It has evolved into a practical, easy-to-use set of materials that others can be trained to use. I feel that it is standardized to the extent that it will require a minimum of training, can be adapted to different groups, and can be used by a variety of facilitators.

Fourth, the facilitator's manual is very helpful and will provide on-going assistance for those implementing the program. The background information you provide is comprehensive, detailed, and deals effectively with attitudes and feelings of the facilitator as well as presenting a specific content to be implemented with directions for such implementation. The extra 'handouts' that you have included are also very useful and give the facilitator extra support.

Fifth, the material for parents is very good. It is difficult to offer appropriate material to the parent for helping the child without making judgments about the parents' lifestyle. This material does that very well. It is also brief and focuses on only one specific objective per lesson -- this is excellent.

Overall, I am very pleased with the content and format of the COAP project and to the plan for implementation. I look forward to its being ready for dissemination. There are many, many requests for it already.

Sincerely,

Sherrill Richarz

Sherrill Richarz, Ph.D.
Associate Professor
Child Development and Family Studies

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CURRICULUM OVERVIEW

Preface

Background

Characteristics of the Alcoholic Home and the Child

Characteristics of the Children of Alcoholics

Program Design

The Intervention Model

Who Will Facilitate the Group?

Administrative Support

More about the Curriculum

PREFACE

According to the U.S. National Association for Children of Alcoholics, 28 million Americans are affected by alcohol yearly. These numbers include those who may be an alcoholic, be married to an alcoholic, have grown up in an alcoholic home, have grandparents who were alcoholic, or have loved a person lost to alcoholism. (See Appendix A-1 for the definition of alcoholism.) This number also includes 7 million children under the age of 18 who have at least one alcoholic parent. (See Appendix A-1 & A-2.) The Children of Alcoholics Project (COAP) addresses alcoholism for preschoolers and parents with the hope of offering a comprehensive curriculum to be used in the classroom to increase the survival skills of COAs and provide tools and processes in which these children take more responsibility for themselves as they feel less responsibility for the adults in their lives.

As a social worker I go into homes to enroll children into our Head Start preschool program. During these home visits I have seen a dramatic increase in the number of homes directly affected by alcohol issues. Either the mother would complain about dad's drinking or I'd trip over cases of beer coming into the home or people would be drinking during my visits — which might be as early as 8:00 a.m. It was like an alarm went off, and I knew we needed to address these issues for children in the classroom. The COAP project is the direct result of these enrollment home visits.

Preschool children have rarely been the target of such services and seldom are even identified before the age of twelve. The nature of the alcoholic home makes early identification difficult. Families are often in denial of the problem of alcohol. They maintain an aura of secrecy because they lack information and knowledge about alcohol as a disease.

The Children of Alcoholics Project (COAP) curriculum emphasizes those issues which are relevant to the growing, developing wholeness of children who live in an alcoholic home. It's designed to help children learn to adjust themselves to those problems both internal

and external in their lives, to learn to survive in a healthier, more self-reliant way and to learn to develop solutions to problems.

Dr. Arnold Sameroff, a University of Illinois (Chicago) researcher, did an extensive research project for the National Institute of Mental Health. In his conclusions he stated that "...children's developmental milestones affect interactions significantly. Between ages five and eight, children begin to stabilize because they have internalized their world and are less reactive to the environment. **Therefore an intervention is more effective before children reach that age range.**" (*Adamha News, Alcohol, Drug Abuse, and Mental Health* Volume IX. No. 6, April, 1983.)

For children, the most important aspects of normal physical, mental and personality development are interrupted when their lives are affected by the issues of alcohol in their homes. COAP is an intervention program specifically for preschoolers ages three and four. As educators and social workers, we have the greatest access to these children who live with alcohol abuse. We have the responsibility and expertise to serve these children.

Having made a personal commitment to serve children in alcoholic homes, I now wish to share the ideas, thoughts and processes that I gathered and field tested in small support groups of preschoolers in this curriculum for classroom use.

My hope, for those who are entrusted with these special children, is that teachers and counselors may find that this text helps them enhance the child's development and helps children understand classroom experiences as well as their individual home environments. Through the social learning experiences of the small group, children will clarify their critical thinking skills and will strengthen their emotional development. The goal of this curriculum is to offer hope and specific intervention for the future for preschool children of alcoholics.

BACKGROUND

Why does a classroom need a separate curriculum for children who live in alcoholic homes?

Children from alcoholic homes have life experiences that isolate them and cause them to feel insecure when changes in their lives occur. Entering the classroom and making new friends is a difficult task for many children. For children from alcoholic homes it becomes a formidable task because of the rigidity of their home situations. Children have a difficult time figuring out their new classroom environment. Some children may act out behaviorally waiting for a teacher to react to these behaviors. The teacher doesn't react and they are not sure of what is going on. What is next? Some children may enter the environment very quietly and they listen and listen and they don't hear anything they know about. They remain quiet and wait.

Children from alcoholic homes need to be told about this new environment that they are busily trying to figure out. Information about alcohol also helps these children make some sense out of this new environment. When children become aware that you, too, know about alcohol and that it's okay to talk about it in this environment, they are freed to the tasks of learning.

Offering learning opportunities about family alcohol issues to preschoolers promotes personal growth. It is an innovative, non-traditional service that all educational institutions for preschoolers can offer. The ability to meet the changing needs of the preschoolers that we serve can be reflected in making a commitment to add a strong core of developmentally appropriate alcohol-oriented materials to the preschool classroom. As early childhood educators we must begin to consider the FULL scope of a child's roles and behaviors and make a commitment to children living with substance abuse.

The goals of our program address the following three broad categories:

1. Cognitive or intellectual development:

- To give children information and opportunities to learn about the disease of alcohol.
- To give children individually the opportunities to talk. Children NEED to talk.

2. Social and Emotional Development:
   - To provide missing information and supply cue lines, which help increase children's social competencies.
   - To help children develop more positive self-esteem.
   - To increase social competence that helps develop increased self-confidence.
   - To give children a sense of efficiency in coping with everyday life.
3. Physical development:
   - To provide new skills and self-realization that will result in their positive growth.

Curriculum for intervention is relatively new. As we grow in our understanding of the special needs of children who live in alcoholic homes, we can refine and build on our findings.

This curriculum reflects a two-year innovative project and many years of thought. The project design, activities, and materials include the curriculum ideas which are not totally new ideas, but rather, true and tested activities which have been adopted and revised to be alcohol specific. In addition to being language specific, there is a sequencing of activities that the author found to be most helpful for children in presenting ideas and information. Dr. Elizabeth Prescott, a national authority in preschool curriculum, notes that this is a critical period for children in developing their sense of self and that the materials used need to be tactile and sensory. All of the COAP materials and reinforcement activities will be found to have sensual aspects. They will also gain from small group experience that important feeling of being safe with others who are both the same and special.

For these particular children, the opportunities to explore, learn, and grow will be enhanced considerably by the opportunities to expand their learning base.

CHARACTERISTICS OF THE ALCOHOLIC HOME AND THE CHILD

The dynamics of family alcoholism seem to be dominated in various degrees by five conditions:

1. the centricity of the alcoholic and alcohol-related behavior;
2. denial and shame;
3. inconsistency, insecurity and fear;
4. anger and hatred;
5. guilt and blame.

Normal and healthy families share some of the tendencies but in a much less powerful and destructive form. (*Broken Bottles, Broken Dreams*, by Charles Deutsch, Teachers College Press, New York, 1982, pp. 31.)

The disruptive effects of alcoholism on the entire family are a growing concern. Alcoholism is related to 80 percent of all home violence, 30 percent of all suicides and 60 percent of all child abuse. (*Newsweek*, October 17, 1983, pp. 22.)

Children of alcoholic parents are at increased risk for a number of problems. These problems include lower IQs, hyperactivity, and psychological or emotional problems. These children from alcohol-abusing families have been reported to be twice as likely to develop an alcohol problem as those of non-alcoholics. (*Facts about Alcohol and Alcoholism*, Health Communications, Inc. of Florida, pp. 24.)

Alcohol abuse is considered a family illness and the effects of the disease are often as damaging to family members as they are to the alcoholics themselves. Alcohol treatment programs, even those oriented toward serving the alcoholic family rarely focus on children. Yet, the children of alcoholics are the persons who need help most. The COAP curriculum is written to fill this gap. It offers tools and skills to allow children to live and grow in healthier ways.

Centricity of the Alcoholic

The alcoholic, when the drinking goes on, is the center of all the activity in the household. This seriously affects the growth processes of children as all household members become destructive dependents. Children spend a lot of time trying to stabilize their relationships with the alcoholic. They need to be freed up from this responsibility. Children in alcoholic homes need to be told that they are not responsible for the alcoholic's drinking and that they do NOT have the power to stop it. The COAP curriculum begins with experiential activities presented in a group process to help children begin to learn new information about alcohol issues and to free them up from the burden of responsibility for their alcoholic parent.

The guilt issues that the children, even at age 4, have formed around the alcohol drinking may make it very difficult for them to understand that it's not their fault and it's not their job to stop the drinking. Fortunately children have not yet built the high walls around their feelings that adults do. Children can tear down the walls and get to their issues very quickly.

Denial and Shame

Denial and shame keep families from recovery processes. Alcoholics believe they are in control of their drinking problems. They are noted for their dishonesty and little lies. Families build very rigid systems to protect the alcoholic and the family from being embarrassed. They often shut themselves off from neighbors and are over involved with the alcoholic. This accounts for the family mobility, too. The family may constantly be moving so as not to fall prey to the watching eyes of a neighborhood. They may feel disapproval from others without cause.

In order to survive emotionally, the family tries to either cure or hide the alcoholic, trying to live within its rigid stereotyped patterns of behavior.

Addiction and shame are inseparable. (*Facing Shame*, by Merle A. Fossum & Marilyn J. Mason, W.W. Norton & Co., N.Y., 1986.) Children are very loyal to their family mores and

rules. In the COAP curriculum children are told that they are not alone, that all the children in the group have family problems and that there are many, many others who have alcoholic families. The children are given this information in their supportive group setting because it is important for them to know they are not alone. Knowing about the disease of alcohol and knowing they are NOT alone frees them to learn new information.

Inconsistency, Insecurity and Fear

Because the child's relationship with the alcoholic is built on the centricity of the alcoholic, the child's life is filled with inconsistencies, insecurities and fears. The child becomes like a yo-yo, pulled in and out of an untrustworthy relationship. Alcoholics may feel inadequate, cut out from family decisions and unfulfilled in their lives, and they project these feelings onto their children. Children try to stabilize the parent but, of course, they can't. So the children say to themselves, "I am inadequate; I can't make Mom/Dad stop drinking. If I were good and perfect, life would be better; my parents wouldn't fight so much. If I were loveable, they wouldn't hit me or drink so much." The children's personalities begin to split off. They may become self-destructive. They may have low self-esteem, grief and loss issues, cumulative trauma, death wishes, and unhealthy attachments to unhealthy adults.

Children who cannot consistently rely on their mom or dad also come to believe other adults will not be available to them when help is needed. (*It Will Never Happen to Me*, by Claudia Black, MSW, MAC, 1982.) The COAP curriculum is designed to help counter that insecurity.

COAP curriculum helps children become aware of themselves as individuals. It promotes self-esteem and teaches them to take responsibility for themselves, not for the adults in their lives. It gives them messages of personal strength and acceptance. The group experiences help children learn a way of understanding family alcoholism.

Anger and Hatred

Many children of alcoholic parents never get the nurturance and feeling of safety that children need from their families. When needs for love and protection are not met, feelings of anger and hatred will evolve. These children may deny their angry feelings and turn them inward. Anger will take the shape of chronic depression, death wishes and negative self-images. Some children who do feel their anger know they cannot express it in their home and will turn it on friends, animals or younger brothers and sisters. In some alcoholic families one child may become the scapegoat and may bear the anger of all of the family. The defenses that children from alcoholic homes develop lead to excessive control of their emotions and interpersonal interactions. This self-control is a defense against feelings of isolation, abandonment and loss. (*Children of Alcoholics*, by Barry Stimmel, M.D., The Haworth Press, N.Y. 1987.) It is indicative of the children's acceptance of their families' value systems. Children often fear that their parents will reject them if they allow their anger to be seen, and parents often find it difficult to accept a child's anger. But their anger is a reality.

COAP curriculum helps children identify and label feelings. It teaches children to vent anger in a manner that is appropriate to the child's own culture. It gives the child messages of big anger and little anger. The COAP group gives the child a safe environment to talk about anger.

Guilt and Blame

Children in alcoholic homes blame themselves for everything wrong in the alcoholic home. Children tend to believe anything they are told and believe that it's all their fault. They take on the guilt of those around them. This self-blame is a distorted thinking style and the more it becomes ingrained, the more responsibility the children feel. They will believe they somehow control even those things obviously out of their control, such as the weather or how mom feels. They become pathologically responsible for everything around them and often focus on the negative elements. (*Self-Esteem*, by Matthew McKay, Ph.D., and Patrick Fanning, Saint Martin's Press, N.Y. 1987.)

"Young children believe they are the cause of all they see. The world and everyone in it revolves around them, and even toddlers know when their world is unhappy and strife-ridden. In fact, they usually know that the alcoholic's bottle is somehow involved. Even if they acquire the vocabulary of the situation, no one explains to them what is really happening; so they have no alternative but to believe that they are somehow responsible." (*Broken Bottles, Broken Dreams*, by Charles Deutsch, Teachers College Press, N.Y. 1982.)

The COAP curriculum gives the children the language and explains to them that they didn't cause it and they are not in control of it.

In understanding the alcoholic home and the child, it is important to realize that the children you serve will come to the classroom from a variety of psychosocial experiences. Families will be in a variety of stages of alcoholism. A chart of the stages of alcoholism can be found in Appendix B in the back of this book. It will NOT be your job to determine what stage of alcoholism the family is in. As a helping professional, you must know that even though you may not be able to change the home situation, you can alter and positively affect how the children feel about themselves. All the children need information about the alcohol issues, and all the children need to be given the messages that there are adults who listen to, care for and value them.

Lillian G. Katz says, "Young children **should** be interacting with adults, materials, and surroundings in ways which help them make sense of their own experiences and environment." (*What Should Young Children Be Learning?*, by Lillian Katz, published by ERIC Digest, 1987.)

Classrooms must begin to include information about alcohol to help children who are already experiencing the effects of alcohol on their lives.

Recovery from alcoholism may take years, years in the recovery process, plus money, time, and new ways to cope and survive. While the alcoholic recovers, the children continue to grow up. Often they grow up and marry an alcoholic or become one. Children need us to stop that process NOW.

The COAP curriculum not only gives the child experiential ways to learn about alcohol, but it includes a wide range of activities to promote good sound mental health and physical health.

CHARACTERISTICS OF THE CHILDREN OF ALCOHOLICS

Children who live in alcoholic homes will make their decisions about their world based on the reality of dysfunctions in their own home environments. "For these children, the drinking problems of their parents are the central fact of their lives; their feelings, personalities, and social behaviors are affected more by this reality than by any other." (*Adamha News, Alcohol, Drug Abuse, and Mental Health*, Volume IX, No. 6, April, 1983.)

The inconsistencies, insecurities and fears children have in their relationships with both the alcoholic and nonalcoholic parents give the children a yo-yo existence...up and down. There is no consistency as to when they will be asked into the relationship nor any consistency as to why. Will it be in anger or remorse by a parent — or an attempt at changing? The children's needs are NOT met, but rather the needs of the alcoholic parent or nonalcoholic parent. Children will learn to internalize their world and environment and will take on roles to merge themselves into the assumed reality of their lives.

The roles that the children assume will help in identifying certain characteristics.

The Super Kid

This child is a rigid person who strives for perfection. This perfectionist attitude covers a multitude of suppressed feelings. This child is afraid of failure and rejection. In the classroom this child will parent others. The child may verbally admonish others and assume self-control over situations which in reality cannot be controlled. For example, if this child sees another child spill milk at the table, this child would scold and clean up the mess without acknowledging that this was an accident and that accidents can't be controlled. If this super child spills the milk, the accident might bring this child to tears.

Loss of self-control would be a dramatic problem for this child. The super children, because they exert a lot of self-control, are never a classroom problem and teachers like them. But they need to learn to develop values away from their families. They need creative art, opportunities to learn tolerance for other ideas, and, most important, they need to learn ways to express feelings they cannot verbalize.

The Invisible Child

This child has determined that the best and safest way to act is to conform to all the rules. This is a difficult task in a household where the rules are constantly changing, creating chaotic situations. This child literally becomes invisible, silent and unnoticed. The interactions of the alcoholic and nonalcoholic toward the invisible child are those of tolerance. The child causes no problems and has little or no interaction with the family. This child also is not a classroom problem, but is silent. The child waits, observes and listens, but does not react to the classroom. This child needs information about this new classroom environment, needs encouragement in co-operative play, needs to learn how people think and feel, and needs to develop a variety of ways to interact with peers and adults.

The Pleaser

All children in alcoholic homes learn to be pleasers in one way or another. There is a great need to be in self-control of the situations of the household by conforming to the wishes of the adults and by anticipating the wishes of the adults. Pleasers at one time gained such tremendous attention for their pleasing behavior that they remained stuck in that stage, remaining children who always want to please. Pleasers never have enough attention and are the children who are always hanging on to you. At first in the classroom you may be excited and pleased that this child has chosen to focus all his or her attention on you, but this behavior becomes very tiring to the individual that receives it. The emotions it eventually evokes are those of impatience and anger, putting this child at higher risk for unnecessarily rough handling in the classroom and physical abuse at home. Pleasers need to learn that adults can build relationships with them in other ways.

By becoming aware of themselves in other ways, they can build their self-worth and express behaviors in a broader scope. These children also need to learn relaxation techniques to let go of these practices.

The Angry Child

This child is perhaps the most honest one in trying to deal with how he/she feels. However, this strategy is destructive as the angry child raises his/her risk first at home and later in the classroom. Adults become frustrated when dealing with an angry child, raising the child's risk of being physically abused — even at the school through unnecessarily rough handling. These children need positive, **relevant** school experiences. They need to develop an awareness of their alcoholic home problems and certainly learn to take responsibility for their own behaviors and actions. It will take a great deal of patience to work with these children. Persons working with angry children must identify their own feelings and have an awareness and knowledge about alcohol issues. They need support in offering one on one experiences for these children. The children need to be introduced sufficiently to the particular project of the day to be motivated and stimulated. They need the companionship of caring, sharing adults, so they can learn that their needs can be met without angry behaviors.

The Drug Abuser

The Drug Abuser decides to cope with homelife by escaping through the use of drugs and alcohol. At any point in the relationship between child and parent, the stresses of trying to stabilize their relationship may prove to be too much. The child may become physically ill or the child may choose to drop out of this chaotic experience, to escape feelings and responsibility. Older children may decide to cope with life stressors through drugs and alcohol, as their parents did. They may join their parents in alcohol abuse. This child needs tolerance, consideration and new ways to solve problems.

PROGRAM DESIGN

The COAP program is specifically targeted at children who live in alcoholic homes. The program is designed to serve preschoolers in a support group setting. A support group is most effective when limited to ten children with one group facilitator. The number of families served will depend on whether or not your group has siblings from the program in group. For example, you may have ten children and be serving six families.

Serving these children in a support group is best done in a pull-out model where the facilitator pulls the group's members out of the classroom. The pull-out groups worked very well in the field testing. The facilitator of the group needs to feel that his/her time is important and not an interruption to the classroom. The classroom teacher may need to keep in mind that children's needs come first.

Setting Up Your Own Program

Here are some suggestions to help the pull-out program run smoothly. (Adapted from "Pull-out Programs," by Mary Bondarin, *K-Teacher*, Nov./Dec. 1989, pp. 23-24).

1. **Set the tone.**
   The more matter of fact about this special group the teacher can be, the more it will seem like a natural part of their learning schedule. For example, say, "It's time to leave now for support group. We'll see you in a half-hour." Avoid statements that indicate the children will miss out while in the support group.

2. **Special work needs a special place.**
   This small group will be interacting in both quiet and loud ways. They definitely will need their own space near the classroom.

3. **Group the children.**
   Try grouping the siblings in the same groups. If the three-year-olds are in one classroom and the four-year-olds are in another classroom, gather the three- and

four-year-old brothers and sisters together. In the study groups this proved to be very helpful as children learned the same information and their bonding was very evident on certain kinds of alcohol information.

4. **Work With the facilitator.**
   If the small group facilitator is not the classroom teacher, the opportunities for children to draw positive attention and build stronger self-esteem and trust will be enhanced if the facilitator is allowed the time and opportunity to spend other time in the classroom.

When designing a pull-out group for the preschool support group, keep in mind that this is to help the child understand and grow. It has an important purpose. The more positive the educational team is toward the group, the more smoothly the pull-out program will work.

For further information about the complexities of pull-out programs you might look at the writings of Lillian Katz; and David Elkind's book, *Miseducation: Preschoolers at Risk* (Knopf, 1987).

THE INTERVENTION MODEL

Preschool Support Group

The principal treatment mode for COAP is a small, closed, time-limited, pull-out, structured group. This group is composed entirely of children from alcoholic homes and is totally devoted to activities and stories centered around the issues of alcohol in the home.

The five components of the support group are as follows:

1. **Identification**
   Identification of children who will be in group is done basically in five ways:
   - **Social Worker.** In our Head Start program the social worker does the enrollment home visit and the needs assessment with the parents. It could

be at the time of the needs assessment that the parent and social worker begin to talk about alcohol issues. The social worker may choose to tell the parent about our COAP support group at that time.

- **Classroom.** The teachers make a fall home visit and often parents will disclose to the teacher family problems about alcohol. The teacher could talk about the COAP support group or bring that information back to the social worker so the social worker can talk with the parents.
- **Parents.** Once children are in school, parents begin to see Head Start as a resource place for them and will test the system by small disclosures. As trust is built, they may even ask for help. The parents may also hear about the COAP children's support group at a parent's meeting or policy council meeting and want their child to be included in the group.
- **Classroom Observations.** Children may also be identified in the classroom, after school begins, through classroom observations. The kinds of behaviors that might be identified are the following:
  - A child who's quiet, always smiles, parents everyone
  - A child who's mild, meek, almost invisible
  - A child who lives in the cycle of violence at home
  - A child who acts out behaviors in housekeeping, i.e., serves beer, wine to everyone
  - A child who is using the language about alcohol, for example, drunk, wine, drink and drive, drink and die
- **Agency/Professional Referral.** The Head Start family may be working with another agency such as a public health nurse who is aware of the alcohol issues in the home. The public health nurse may then be the one to refer the child to your group.

When you begin your group, it is very important that community agencies you work with know about COAP. They can be supportive of it.

2. **Permission**

In COAP written permission is asked from the parents because this support group addresses issues specifically related to the families and home. It is an important factor that parents give permission for their child to be in the support group. Written permission increases the opportunities for parent involvement in the COAP program. A sample of a written permission form for parents can be found in the Parent Involvement Appendix. This component has not been detrimental to participation in the program.

3. **Activities**

The activities of the COAP program are based on central themes centered around the issues of alcohol in the home.

Activities/Sessions include the following:

- Session I — Alcohol
- Session II — Feelings
- Session III — Anger Management
- Session IV — Self-esteem
- Session V — Families
- Session VI — Personal Safety
- Session VII — Relaxation
- Session VIII — Being Special
- Session IX — Nutrition
- Session X — Saying Good-bye

All of the classroom sessions include a welcoming activity, hands-on activity, reinforcement activity and a closure circle.

The closure circle is of great importance to this curriculum. Children holding hands is a validation of their right to be there. The strength of the circle gives children the sense of belonging, and the circle represents a togetherness that

builds trust in the power of the group. The chanting and special songs sung in the circle seem to strengthen residual learning.

The idea of a circle of power is described in John Neihardt's, *Black Elk Speaks*: "Everything the power of the world does is done in a circle." (See Appendix A-3).

4. **Parent Involvement**

Parents will be asked to be involved in three ways:

- A letter of invitation for their child to participate in group will be sent out.
- Parents will be asked to sign a written permission slip for the child to participate in support group.
- HOME TALK, a parent involvement page, goes home with the child in the preschool support group at the end of each session. It is a check-off sheet and contains a direct message to the parent related to alcohol issues.

5. **Evaluation**

This area of intervention for preschoolers is of utmost importance. Through evaluation, group facilitators will refine and build upon their experiences with each group they facilitate. At the end of each session is a space for group facilitators to make some notes. I encourage this evaluation to be done quickly and as soon as possible after a group session is completed.

For the Group Facilitator

Evaluations could include the following:

- Oral evaluations from children
- Analysis of materials presented
- Concrete evidence, art, music
- Effective parent participation
- Advocacy for COA curriculum expansion

For Group Facilitator and Parents

Baseline data could be collected from the following:

- Behavioral changes observed in the class
  See Appendix A-4 for a sample
- Attitudinal changes
- Self-Esteem changes observed behaviorally
- Verbal changes

In the Children's Play

The facilitator should note when children do the following:

- Learn new words
- Assimilate new ideas, attitudes, behaviors
- Demonstrate new concepts
- Develop social skills
- Develop tolerance for considerations of problem solving
- Practice making choices
- Express anger
- Express other feelings

Parents are asked to evaluate the COAP preschool support group based on what they observed and heard from their child who had been in the group. It gives them opportunities for further questions and feedback for facilitators.

WHO WILL FACILITATE THE GROUP?

Almost anyone can be the facilitator of the children's group. It could be an administrator with special interest in this area, the teacher, an assistant, a social worker, health worker or parent volunteer. One caution might be to avoid persons newly in recovery from substance abuse. Their interest will be extremely high and their empathy strong for these young children, but their own recovery will take a great deal of concentrated effort and energy. They should not expend themselves in too many directions.

The facilitator must have or be given special training in alcohol issues. The training will help the facilitator do the following:

- Look past the child's "symptoms" of poor health, depression, or disruptive behaviors and identify alcoholism as the real problem.
- Examine their own attitudes towards alcohol use and abuse. Professionals who treat children of alcoholics often fall prey to hidden fears or misconceptions about alcoholism. These can be surmounted by confronting their own issues prior to facilitating a group.
- Understand the range of effects that family alcoholism can have on children, including absence of parental discipline and guidance; increased (and inappropriate) household responsibilities; marital discord or divorce; and in the long run, transmission of alcoholism from one generation to the next.
- Become familiar with available resources — state, local and private — and learn how to use them. (Adapted from "Focus on Children of Alcoholic Parents," K.G., *Adamha News*, Volume IX, No. 7, April, 1983.)

ADMINISTRATIVE SUPPORT

The success of any project depends on support from the top:

- The administrative staff must make a commitment to serving these children.
- Monies must be allocated for a program such as COAP.
- Staff must receive pre-service training and on-going support for administering these services.
- After introducing a curriculum like COAP into a classroom, there should be some guarantee that it will continue and be on-going.

MORE ABOUT THE CURRICULUM

The activities and stories in this curriculum are totally devoted to the issues of alcohol in the home. See Appendix A-5 for the significant findings from the field testing of the groups.

Because of limited time and space for the project, the support groups that field tested this curriculum were composed entirely of children from alcoholic homes. This does not preclude having future groups include children of alcoholics who are in the recovery process.

The activities chosen for this curriculum also can be used in a large group setting. The curriculum uses a variety of materials for children to take home. In some settings materials may not be as accessible and may need to stay in the classroom.

Multicultural Aspects

We believe the COAP curriculum is appropriate for children of all cultures who are living in an alcoholic home. A multicultural curriculum should include three things: motion, sound, and color. The COAP curriculum uses motion and sound in the closure activities and uses color in the use and choices of colored markers and construction paper in art activities. It also uses the circle of power as explained by John Neihardt in *Black Elk Speaks*. (See Appendix A-3.)

CURRICULUM

Session I — Alcohol

Session II — Feelings

Session III — Anger Management

Session IV — Self-Esteem

Session V — Families

Session VI — Personal Safety

Session VII — Relaxation

Session VIII — I Am Special

Session IX — Nutrition

Session X — Saying Good-Bye

SESSION I — ALCOHOL

A CHILD

A child is innocence, meeting the world with
a trusting, out-stretched hand,
curiosity, discovering the world
unhurriedly, unplanned.

A child is laughter, conquering the world
with an open, smiling face

A child is love, uplifting the world
to a happier, higher place

I believe in children. There is faith in
their eyes, love in their touch, hope
in their attitude

I thrill with them at life's joys. I believe
in children...the fragile dream of yesterday
life's radiant reality today, and
the vibrant stuff of tomorrow.

Author Unknown

GROUP FACILITATOR NOTES

The first session of this curriculum is a very powerful session. Children are not only given information about alcohol but also will be taught that it's okay to **talk** about alcohol.

Gaining the children's trust and providing them with a safe, secure environment for talking about alcohol will be your most important task in this first session.

Children at age four are busy making sense out of their world. They know what it's like at their house and have been learning how to operate and SURVIVE in that environment. Now, this support group session is a totally new, very different situation for them and they are no longer sure of what's "normal." They will be very busy trying to make some sense out of this new situation. They may become extremely quiet and observe or they may begin acting out, hoping your response will give them some clues.

It will be your first job to assure children that it's okay to be in group, that their parents say it's okay for them to be in group, that it is okay to talk about alcohol, and that you are comfortable talking about alcohol. You will need to be **completely accepting** of any information children give to you at the time it is given. If children do not feel your acceptance, they will not give their trust to you or to the group process.

Different children will trust in various degrees because of past history and depending on what stage of alcoholism the family is in.

The group process is a dynamic method for children to work on issues. They have not built many walls yet and so are very capable of "getting" to their issues quickly. Very often they do just that. Some children are resistant and defensive; that is healthy, too. These children may be at a "Stop, I'm processing this" point, which is necessary for them so they can move on. You, as the facilitator, must be accepting of this behavior.

As the facilitator of this group it is important for you to know that these children may begin a lot of disclosure immediately. Please realize that you are most likely the first person who has allowed them the opportunity to talk about alcohol issues and that parts of the disclosure will be "old" information. Sometimes children disclose information that may have happened long ago, but that they haven't yet had an opportunity to talk about.

The law requires daycare and preschool providers to report suspected child abuse and neglect to child protective services or law enforcement agencies. Such reporting enables child protective services to begin working to help families resolve the conflicts which are creating the neglectful or abusing environment. It is not the goal of the COAP curriculum to report children to child protective services. However, there may be times in group in which disclosure by a child will necessitate the reporting. Remember that reporting is not in and of itself a goal. The goals are (1) protection of the child and (2) obtaining help for the child.

As a facilitator, you should have a person with whom you can share your thoughts and feelings and who can help you process new information. This person is important throughout the series of sessions, so choose someone you trust. This person could be a professional trained in alcohol issues or simply someone whose judgments and advice you respect.

Reference Book for Group Facilitator:

Broken Bottles, Broken Dreams, by Charles Deutsch, Teachers College Press, New York, N.Y. 1982.

CHILDREN NEED TO TALK

CHILDREN GAIN GREAT RELIEF

JUST FROM TALKING

GOALS FOR SESSION

1. To talk with the children about alcohol, including the information that alcohol includes beer, wine, and whiskey; and that alcohol is a drug.

2. To help children be aware that alcohol can cause problems for some people.

3. To tell children that drinking alcohol is unhealthy. Alcohol has nothing in it that the body needs to grow and stay healthy and it can harm the body.

4. To provide a safe environment for the child to talk about alcohol.

5. To provide opportunities for children to talk about any concerns they have, including drugs.

6. To tell children they **CAN NOT** stop adults from drinking.

7. To tell children that there are many children whose parents drink alcohol. They are not alone.

ACTIVITIES

Story

Objective

To introduce the subject of alcohol by reading the story, *Little Al*.

Materials Needed

Books: *Little Al*, a coloring book by Alcohol Research Information Service (ARIS), 1984. 1120 East Oakland Avenue, Lansing, Michigan 48906; cost $.50.

My Daddy Is Sick, He Has a Disease, by Claudia Black, Published by MAC, 1979. Available in most book stores.

Procedure

Tell the children that today is the first day of a special program for them. Be sure they know "what's happening." Tell them they will meet with you every Thursday (or whatever day or days) for the next ten weeks or days and you will talk about alcohol. Tell them it's okay to be here and their parents KNOW they are going to be in this special group.

Read the story.

Comments

Talk about things to drink that are healthy and about things to drink that are unhealthy and might make children sick.

Discuss healthy and unhealthy drinks with the children. For example: Healthy things to drink are milk, juice and water. Unhealthy things to drink are beer, wine and whiskey; these all have alcohol in them.

Open the book by Claudia Black, *My Daddy Is Sick, He Has a Disease*, to a sketch of a person standing by a table covered with a variety of bottles. Ask the children what they think the picture is about.

Almost every child will identify the objects as alcohol — some may add cocaine and other drugs, depending on their knowledge from their home environment. They will say that the adults will drink it all.

Some may believe that it is a child drinking the alcohol.

Hands-on Activity

Objective

Using magnets, introduce the idea that some people get "stuck" to alcohol and there is nothing we can do about it. "Children can **NOT** stop their parents from drinking. It's **NOT** their job" are words you can give to children to help free them from the responsibility of trying to be responsible for their parent's drinking.

Materials Needed

A pair of magnets for each child.

Procedure

Give each child two magnets. Show the children that when the magnets get **so** close together you cannot stop them from sticking together.

Comments

Keep clicking the magnets together and say, "Magnets stick together. You cannot stop magnets from sticking just like you CANNOT stop adults from drinking and it's not your job." Be repetitive about this point.

Reinforcement Activity

Objective

Introduce glue as another thing that sticks. The reinforcement activity is a concrete way to continue the theme of getting stuck and a concrete way to help the child form ideas about the process. It also allows a quiet time for processing information.

Materials Needed

1. Glue or paste for children
2. A large, 8 1/2 x 11" or bigger, sheet of paper for each child
3. Colored strips of paper or paper cut into flower shapes and petals with lots of choices of colors. (A sample picture can be found in the appendix for Art Activities.)

Procedure

Show them how glue sticks to your fingers and how paper sticks to paper with glue. Tell the children "Magnets stick to each other. Glue sticks to your fingers. Paper sticks to paper with glue. Some people who drink are stuck to alcohol."

Give each child a large paper, some glue and some strips of colored paper. Let them glue. If you are using paper cut into flower shapes and petals, you may want to give them some guidance in their gluing project.

Comments

As they work on their pictures allow them opportunities to talk.

Closure Activity

Objective

The closure activity thanks each child for being there (affirmation for being) and lets children know when this group will meet again.

Procedure

At the end of the group, form a circle standing up and holding hands. Thank each child for being there (affirmation for being). Let them know when this group will meet again. Tell them they are not the only children whose parents drink alcohol, but that ALL of us in the group have that problem and many, many more children do, too. It's important for children to know that they are NOT alone with this problem.

Standing in a circle, holding hands, teach the children this chant:

I can't stop it.
I can't stop it.
I can't stop it.
It's not my job.
It's not my job.

Parent Involvement

Objective

Keep parents involved in the process of the child's support group by informing them each time the group has met and sharing what the group has learned. Send a handout home to parents at the end of each session.

Materials Needed

Parent Involvement Pages are handouts entitled, "Home Talk." The "Home Talk" pages are found in the back of the book. There is a page for each session which can be torn out to copy for parents.

Procedure

Send home to parents "Home Talk" #1.

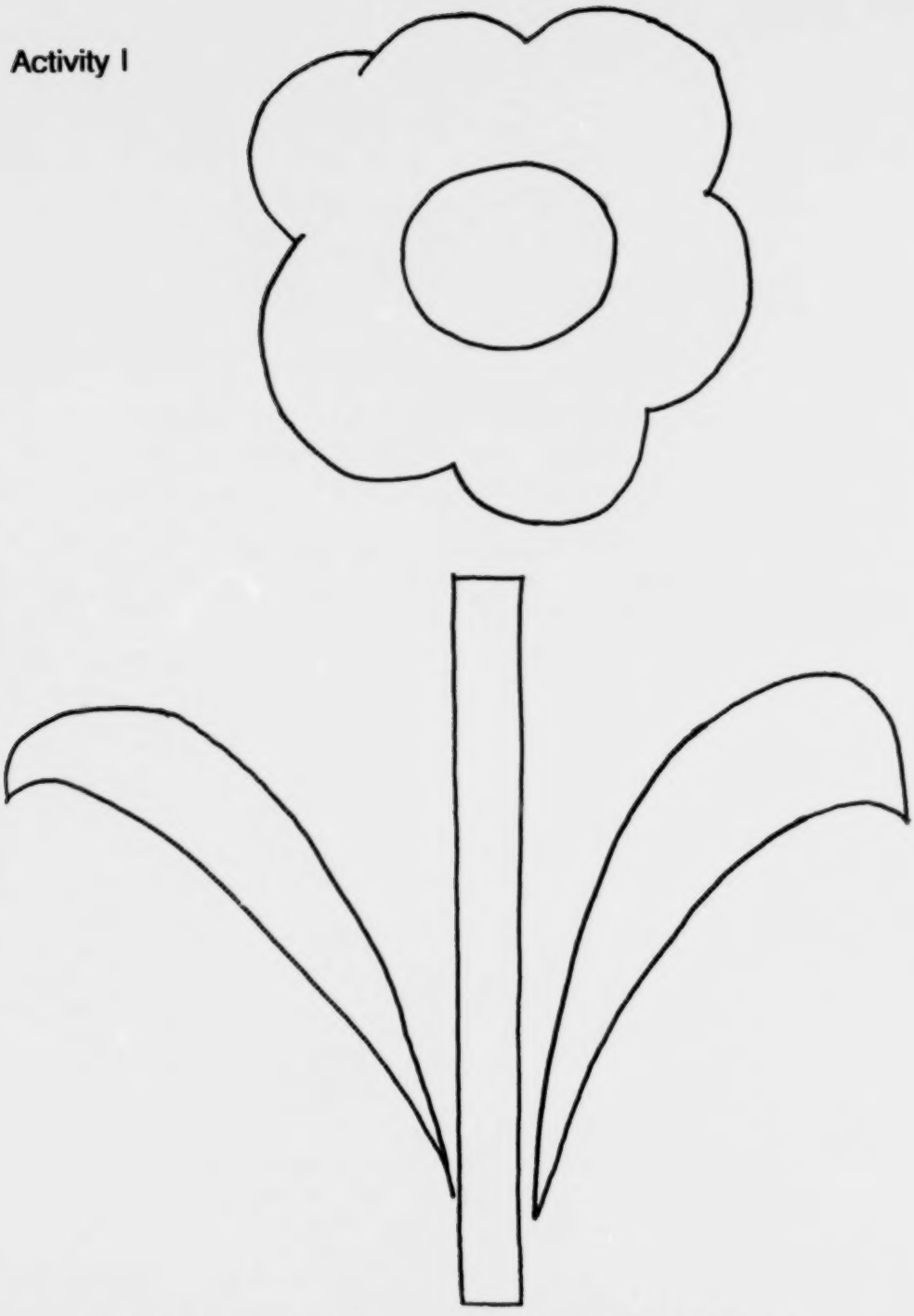
Comments

Be available if parents have questions.

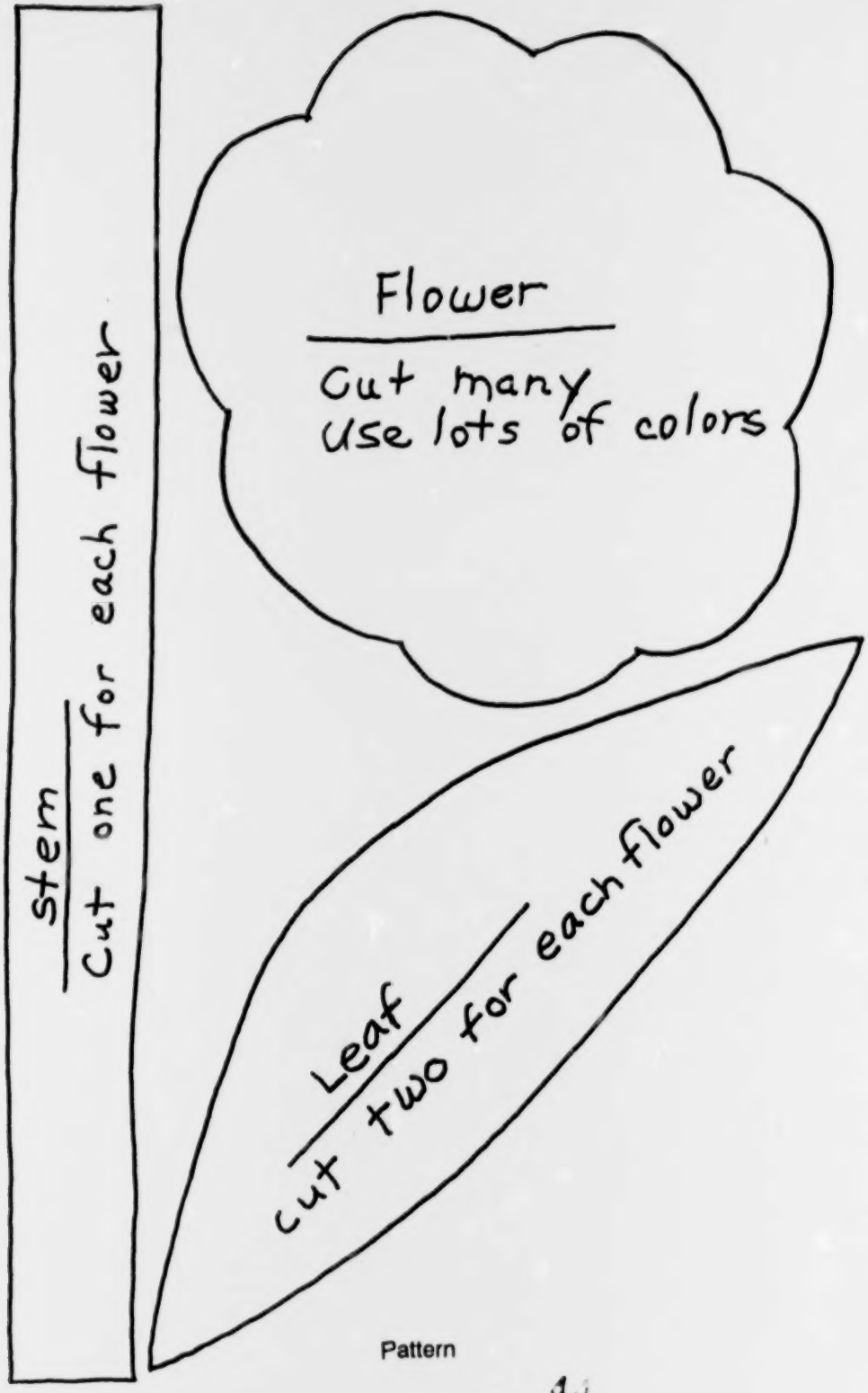
Make Your Own Notes Here

As your group begins, ideas may come to mind of things you wish to add or use in your next group. Space is provided here for you to quickly jot down ideas or thoughts for future groups.

Activity I



Pattern parts for this flower may be found in the back in the Art Appendix.
Please provide the parts in a variety of colors.
Have children glue the parts on a blank sheet of paper.


Flower
Cut many
Use lots of colors
Stem
Cut one for each flower
Leaf
cut two for each flower

Pattern

Home Talk

Today _____ learned the following
(name of child)

about

ALCOHOL

[ ] There are good things and there are bad things for the body to drink:

- Milk, water and juice are good to drink.
- Alcohol is found in beer, wine and liquor and it has **nothing** the body needs.
- Alcohol is NOT good for people's bodies.

[ ] Some people drink too much alcohol and get sick.

[ ] Children should NOT drink alcohol.

Please help your child by letting your child talk about alcohol at your house.

YOUR CHILD NEEDS TO TALK

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FEELINGS

You feel angry, hurt or sad?
Want to scream or cry or shout?
Like the chicken in the egg
Painful feelings need to come out.

Find a friend — someone who cares.
Share the feelings you're worried about.
Like the butterfly in the cocoon
Painful feelings need to come out.

People who love you will understand.
Trust in them and have no doubt.
Like the sun behind the cloud
Painful feelings need to come out.

by Mary Whalen

GROUP FACILITATOR NOTES

Session II is designed to help children talk about their feelings. At a very young age children learn from adults "what's okay" and "what's NOT okay" to talk about. Feelings are a very important part of this. Many adults NEVER talk about feelings and so some children never learn the language of feelings.

By age 4, many children from alcoholic homes are already "stuffing" their feelings, as it's much too risky to express anger. The expression of anger in the alcoholic home by anyone other than the alcoholic may cause catastrophic events. Therefore children learn that their feelings may be entirely unacceptable and should not be expressed.

It is good mental health for young children to be able to express the frustrations and stresses of being little. Empowering children with the language of feelings will enable them to begin to make choices, express ideas and seek solutions.

As the group facilitator you can help children be aware that they do have feelings. Teach them the language for these feelings. Help them label the feelings.

As the child's knowledge increases about feelings, the child will begin to form ideas about how other people think and feel. Then they begin the process of taking responsibility for their own feelings. They also begin to learn ways to express those feelings.

The safe environment offered by the group gives the children a secure place to begin to identify their feelings about parents who are drinking. They also can learn to understand the feelings of others and to feel less isolated. Ultimately they can build trust in their feelings and some significant adults in their learning environment.

The props you use, such as paper plate puppets, will help the children assimilate the ideas, attitudes and behaviors. They can learn an abstract feeling or idea more easily by

shifting an emotional fixation or attachment from a person to a less important object, such as the paper plate puppet.

Reference Book for Adults:

It Will Never Happen to Me, by Claudia Black, MSW, published by MAC, Denver, Colorado, 1981.

CHILDREN NEED TO LEARN ALL FEELINGS ARE OKAY

GOALS FOR SESSION

1. To talk with children about feelings.

2. To help children begin to be aware that they have feelings.

3. To introduce words for feelings: happy, sad, mad, confused, and frightened.

4. To give children the opportunity to talk about concerns.

ACTIVITIES

Welcoming Activity

Objective

To review the last time the group was together.

Procedure

Ask the children why the group is together and what you are talking about. Give them the opportunity to **tell** you. Say, "Remember the last time our group got together we talked about good things for the body to drink and things that were not good for the body like alcohol."

Quickly review magnets and the "getting stuck" concept. Remind children that they "can't stop" adults from drinking alcohol and it's not their job. Chant: "I can't stop it; it's not my job."

Thank them for coming.

Comments

You can never be too repetitive in group. Repetition helps the ritual learning process for young children.

Story

Objective

To talk to children about feelings.

Materials Needed

You and Me, by Sandy Morgan, Challenge Productions, Inc. 1987. Lucky Inc., 115 So. Broad Street, Mankao, MN 56001.

If you have a favorite storybook about feelings, use it instead.

Procedure

Tell children: "Today we are going to talk about feelings. Feelings are sometimes very hard to talk about. Even grown-ups sometimes have a hard time talking about feelings. Many times people **NEVER** talk about how they feel, and many times we don't even KNOW how we feel BUT if we talk about it maybe, just maybe, it won't be so hard to learn to talk about your feelings."

Read the story.

Comments

Talk about the words for feelings: happy, sad and mad. Role play what this might look like to a child. Have the children make different faces, too.

Hands-on Activity

Objective

To make paper plate puppets that the children can play with. The puppets will concretely reinforce the idea of feelings and raise the children's awareness that they do indeed have feelings.

Materials Needed

Small paper plates — minimum of two per child

Popsicle sticks — one per child

Lots of colored markers — always include black in your choices — always have a lot more than there are children

Glue

Extra plain paper

A large classroom mirror

Procedure

Give the children a paper plate and choices of colored markers. Ask the children to first draw a happy face. After they appear to be finished drawing, remove that plate. Give the children another paper plate and choices of colored markers. This time tell the children that you'd like them to draw a mad face. As the children appear to be finished, help them glue the plate pictures back to back on their stick . The completed puppet will have a happy face on one side and a mad face on the other side. Remove puppets to an area where the glue can dry. Children who finish very quickly can be given blank paper to continue to draw. Another choice is for the children to go to the mirror and model their faces. Make yourself one for the welcome activity of the next session.

Comments

Now encourage each child to talk about what makes them happy and what makes them mad. Tell them they can use their puppets to show happy and mad.

Begin a conversation about how when people drink alcohol they might be two different people. They are sometimes happy and sometimes mad. Many times we don't know which one they are going to be. Allow time to discuss this. Your conversation will include the information that there are differences when people are drunk and sober and that there are different degrees of intoxication.

Closure Activity

Objective

To let children know group is over today, that they will meet again and to say thank you.

Procedure

End the group by forming a circle standing up and holding hands. Thank each one for being there (affirmation for being). Let the children know when this group will meet again.

In the circle:

Say, "Can you stop your grown-ups from drinking?" Say, "No."

Then chant: "I can't stop it, I can't stop it, I can't stop it."

Ask: "Is it your job?" Answer: "No."

Then chant: "It's not my job, it's not my job, it's not my job."

Parent Involvement

Procedure

Send home to parents "Home Talk" #2.

Other Suggested Activities

1. Feelings poster/pictures.

   Have children identify what a person/child might be feeling by showing them a variety of pictures.

2. Game of Feelings.

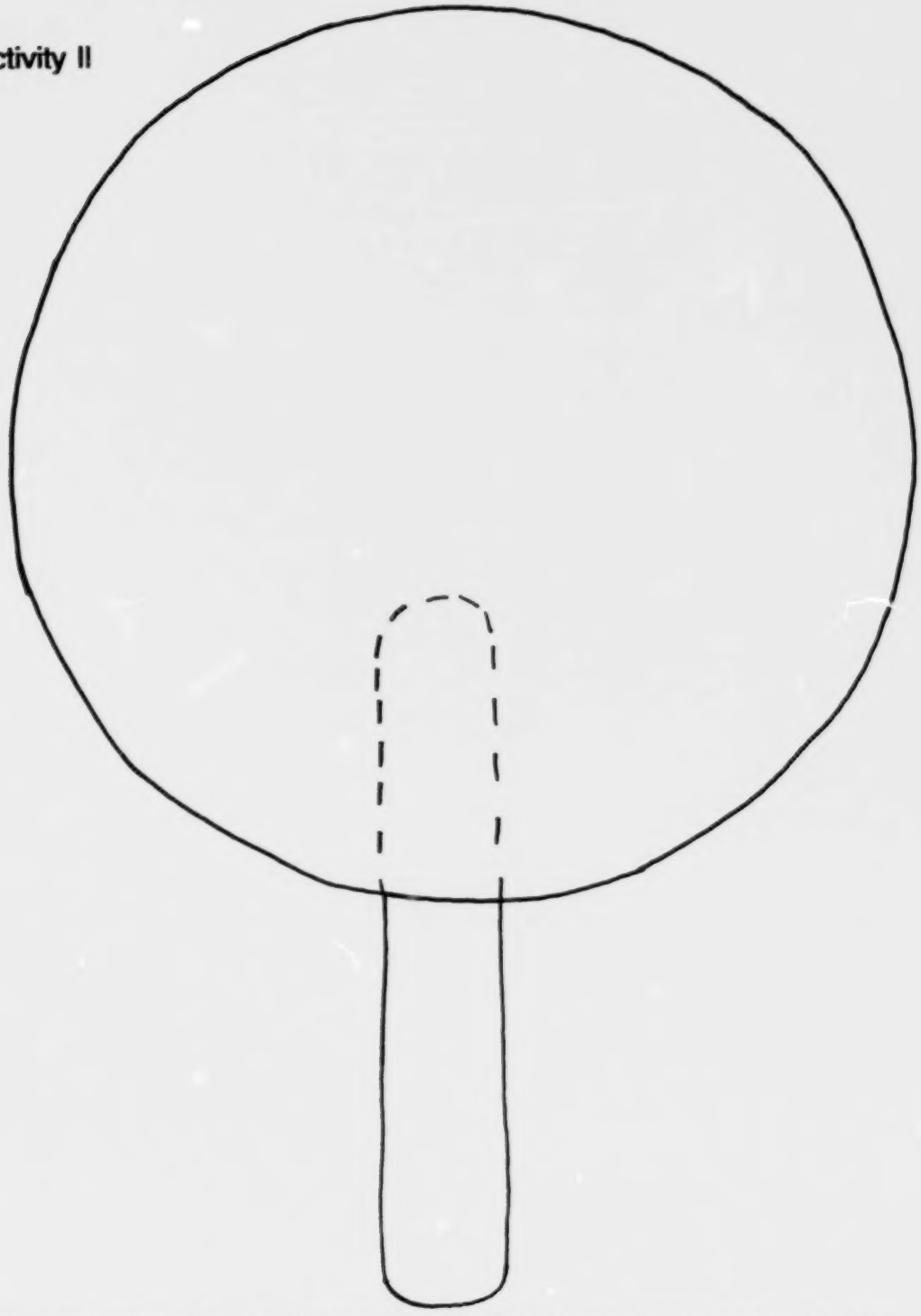
   Flash cards with faces of feelings on them. Act out and have children try to guess feelings. Submitted by Jim Loudermilk, Alcohol Consultant, Community Mental Health, Spokane, WA.

3. Book of Games

   One Dozen Feeling Games by Elizabeth Crary, Parenting Press, Inc.

Make Your Own Notes Here

Activity II



Make a paper plate puppet with two sides. Use a tongue depressor for a handle. Glue the tongue depressors between the paper plates. Circles could be cut from heavier paper to use in place of plates. Children will draw the faces for the puppets.

Home Talk

Today _____ learned the following
(name of child)

about

FEELINGS

[ ] I listened to a storybook about feelings. It is called, *You and Me.*

[ ] I began to learn about the feelings happy, sad, mad and afraid.

[ ] I made a happy and mad puppet.

[ ] I learned that it is hard to talk about feelings.

Please help your child to say how he/she feels by encouraging the phrase,

"I feel_____ when _____
(happy, sad, mad or angry) (name the event)

because _____."
(name what happens)

Example: "I feel happy when I eat ice cream because it tastes good."

YOUR CHILD NEEDS TO LEARN THAT ALL FEELINGS,

INCLUDING HAPPY AND MAD FEELINGS, ARE OKAY.

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SESSION III — ANGER MANAGEMENT

ANGER

Sometimes we get angry
At what people do or say.
Or when we're disappointed
Cuz things won't go our way.

Or when something we love breaks
Or we stumble, trip and fall.
Or we forget our homework
Or what's worse — didn't do it at all.

Lots of things can make us angry.
So what are we to do?
Sometimes pounding on a pillow
Will help you work it through.

Try walking all around your block
At a really rapid pace.
It will help the anger go away
And bring back your smiley face.

Talk it over with a special someone.
One you know will really care.
Try to turn your anger into love.
Love is a feeling you can share.

by Mary Whalen

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GROUP FACILITATOR NOTES

Session III is on anger management and is designed to help raise the awareness of the group to hidden feelings of anger. The angry child could be either closed or open. In the alcoholic home children may feel angry because their needs are not met: not enough food or not enough love or inconsistent love. They may feel powerless and feel a lack of control over themselves and their families. They do not trust their feelings expressed or not expressed. In the alcoholic home, children often feel the guilt, shame, sadness, and danger, but do not have any allowable ways to express these feelings. They have no **permission** to experience these feelings. If a child's anger goes unchecked, the child could grow into an adult who is unable to love or give love. As adults then, they pass the legacy of anger and violence on to their children.

This session will show children how to vent anger in appropriate ways. You will give children a tool, a pillow, that helps them get that angry energy out without harming another person. As children pound a pillow, their angry feelings can increase but then as they become tired it calms down. You can also set limits if a child gets too stimulated by the activity.

Children often fear rejection if their parents see their anger. And parents, very often, find it difficult to accept children's anger. By allowing use of a pillow, parents can distance themselves from the child, lowering the risk to the child in an angry situation.

As a group facilitator you must be able to accept anger in yourself and then accept anger as a valid feeling in children. We as adults have been taught to suppress anger but we must realize it's not such a poison. Anger can be a positive way of communicating. It is healthier than repressing those feelings. As a group facilitator you may wish to read about anger for yourself.

Later, as children begin to see a valid tool for expressing anger, they can begin to trust their feelings. They can begin to trust that their feelings are okay and that they can talk about them and will be able to discuss these questions:

1. What happened to make you mad?
2. What did you do about it?
3. What else could you do?
4. How do you feel about it now?

When you talk to children about anger, explain that there are times when you may be only a little angry and there are times when you may be very angry. Model for them what different levels of anger look like.

As a group facilitator you will need to show respect for the children when they talk about anger. They will be looking to you for validation. You must teach it's okay to be angry. You will want to identify for them that they may be angry at someone they love. This awareness for the children will show support and teach them to trust in feelings.

Reference Book for Group Facilitator:

Window to Children, by Violet Oaklander, Ph.D., Real People Press, 1978.

Anger, by Carol Tavris, Simon & Schuster, Inc., New York, 1982.

CHILDREN NEED TO GET THEIR ANGER OUT

GOALS FOR SESSION

1. To help children **identify** the feeling of being angry.

2. To provide a safe environment for them to talk about anger.

3. To teach children to vent anger in acceptable ways.

4. To learn how to respond to children when they are angry.

5. To deal with anger in a manner that is appropriate to the child's own culture.

6. To involve the parent in this activity. (By letting the parent **know** we are teaching anger management.)

7. To reassure children that we won't think they hate their parents if they feel angry, that we know the difference between hate and anger.

8. To model for children what angry can look like.

9. To tell children about BIG anger and LITTLE anger. It is important and healthy for children to be aware they have a range of emotions.

ACTIVITIES

Welcoming Activity

Objective

To discuss the paper puppet activity.

Materials Needed

The paper plate puppet you made in the previous session.

Procedure

Talk about the paper plate puppets and about the feelings of happy and mad. Pass the puppets around.

Comments

Encourage children to share their thoughts about the puppets.

Story

Objective

To help children identify feelings of being angry.

Materials Needed

Book: *I Was So Mad*, by Norma Simon, Albert Whitman & Co., Niles, Ill. 1974.

OR your own favorite book for children about feeling angry.

Procedure

Read the storybook you brought to share called, *I Was So Mad*.

Comments

Begin a discussion by getting children to talk about what it feels like to be angry. "You know sometimes when we don't know what is happening or we don't like what's happening, we might feel angry. Do you KNOW it's okay to be angry? Do you know what angry might feel like? You might get sick to your stomach, you might want to yell, you might get a headache." Allow an opportunity for children to talk.

Hands-on Activity

Objective

To teach children to vent anger in acceptable ways.

Materials Needed

A very **large** pillow to place in the circle of the group of children.

A small pillow for every child to take home.

Procedure

Tell the children: "Today we are going to learn something we can do when we are angry. You know that sometimes when you are really angry you just want to hit something? Well, it's **NOT OKAY** to hit people like mom or dad or your brother or sister **BUT** you could hit a pillow. I brought this big old pillow to hit."

MODEL hitting the pillow. Tell them you are pretending but you want to show them what you might do when you're angry. Say, "I am MAD." Say this with a straight face, deeper voice and hit the pillow. Then have the group all try this. Generally the children start laughing and hitting. Laughter is an honest emotion so let the children do it for awhile. Ask them what the laughter means. It is a way for them to connect their behavior with their feelings. Then say, "Let's put on straight faces." Let the children hit the pillow long enough that they begin to comment, "This hurts." or "This makes me tired."

Comments

Then respond, "Yes, being angry does hurt." or "Yes, being angry does make us tired. Is it okay to hit a pillow at home? Do you have a pillow to hit?"

Reinforcement Activity

Objective

To tell children about BIG anger and LITTLE anger. It is important and healthy for children to be aware they have a range of emotions.

Materials Needed

Enough finger puppets to pass around. A finger puppet for the group facilitator. A finger puppet pattern shared by Sherrill Richarz, Ed.D., can be found in the Art Activity Appendix in the back of the book.

Procedure

Talk about being angry. Ask: "Are we always BIG angry? No, sometimes we are just a LITTLE angry. Things that make some people really BIG angry, may make another person only a LITTLE angry. What is important is that you KNOW how you feel. Put on your finger puppets." Model. "Now let's just talk to our finger puppet." Model talking to your finger puppet, "I feel **angry** when I'm building blocks and someone knocks them down. I just don't want to build them any more. I'm going to go to something else."

Comments

Tell the children sometimes we might not even be sure why we are angry; we just are. Give plenty of opportunities for the children to respond.

Closure Activity

Objective

To tell children it's okay to be angry and that it is okay to be angry at someone we love. To tell children it is not okay to hit people.

Procedure

Stand up and hold hands in a circle. Ask children to be really quiet. In a quiet voice say, "It is okay to be angry. It is not okay to hit people." Thank them for being in the group today. Say quietly together:

I am okay when I am angry.
I am okay when I am angry.
I am okay when I am angry.

Parent Involvement

Procedure

Send home to parents "Home Talk" #3.

Other Suggested Activities

1. "Stomping" activity: Demonstrate a BIG anger with a big stomp and a LITTLE anger with a little stomp. (Suggested activity by Denise Bohanna, PHN, Tacoma, WA.)

2. Draw angry pictures on paper. Give the children a large piece of paper and a choice of markers. Tell them to draw large circles. Have them continue to draw lots of lines until they are tired. Use all the large arm muscles to expend energy.

Make Your Own Notes Here

"Talking" Anger Out

Puppets: Shared by Sherrill Richarz, Ed.D.

Instructions for Yarn Puppet

Materials: Scraps of yarn, knitting needles size 7, 8, or 9, about size 5 crochet hook, yarn needle, cotton, tiny buttons, embroidery thread, felt, etc.

Body and head: Cast on 10 stitches on knitting needles, knit one row, purl 1 row, repeat rows 1 and 2 until you have approximately 20 to 25 rows, depending on how long you want your puppet. Leave about 1 foot of yarn attached to work, thread a needle with this thread and take your stitches off the needle by running the yarn through each stitch before removing it. Draw up tightly and knot. With the remaining yarn sew up the sides. Stuff the head area with cotton, run a draw string around the neckline to pull the neck into shape.

Arms, tail, and ears are made with the crochet hook.

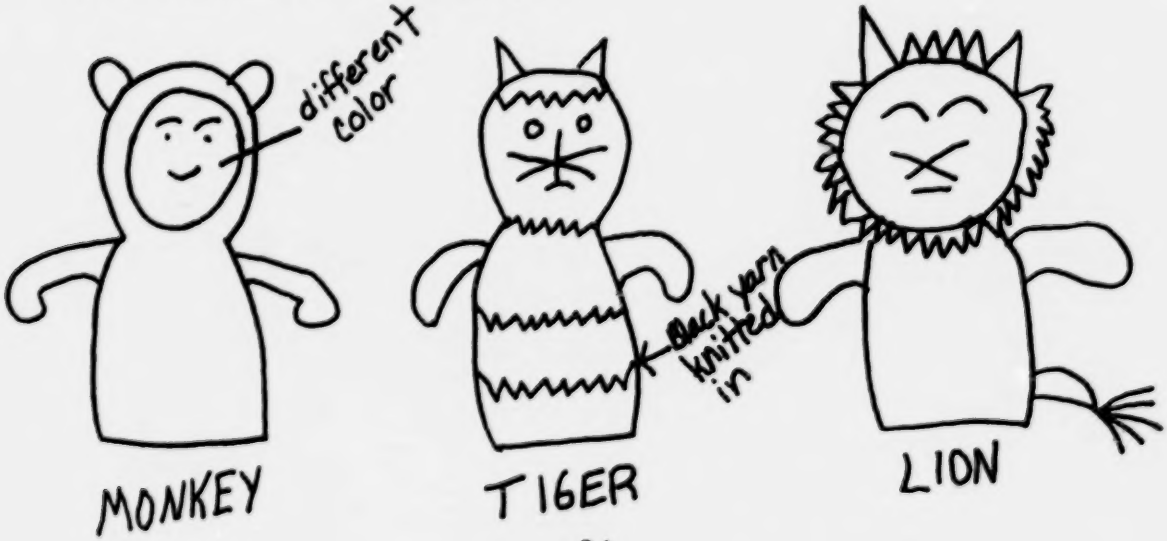
Arms: Using a double strand of yarn, catch into the location on the body, chain 5 stitches, in each of these chain stitches single crochet one stitch. Hopefully, you are now back at the body, catch into the body and tie off.

Rounded Ears: Using a double strand of yarn, single crochet into the body two stitches, single crochet three stitches into these two. Tie off.

Pointed Ears: Using a double strand of yarn, single crochet into the body 3 times, 2 single crochet stitches into these three stitches, and one single crochet into the two. Tie off.

Tail: Catch onto the body and chain stitch as long a tail as desired. Use two yarns for a thicker tail.

Face: Embroider faces with colored yarn.



Home Talk

Today _____ learned the following
(name of child)

about

ANGER

[ ] Do I know when I am getting angry?

[ ] How does that feel?

[ ] What can I do?

[ ] Today I learned to hit a pillow and **NOT** my brother or sister or parents or other people.

This is what I learned:

1. That I could hit a pillow when I'm angry.
2. I can talk about why I am angry: maybe I am afraid or maybe I am hurt. Please ask me.
3. There is BIG anger and LITTLE anger.

I have my own pillow now — Can you help me use it? Maybe you can just tell me to go in my room and use it when I am angry?

YOUR CHILD NEEDS TO GET ANGER OUT

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SESSION IV — SELF-ESTEEM

SELF-ESTEEM

What is the greatest gift a parent gives their child?
Was the question posed to me?
The immediate answer that entered my mind
Was "Love", it must surely be.
No? There is another that is greater still?
Ah, I know. A Sense of Security.

Important yes! But not the gift we seek.
This gift does all surpass.
With this blessing, your child will lead, succeed and possess
Self pride to accomplish the task.
Give your child self-esteem to challenge their lives
To conquer the problems they'll encompass.

To strive even harder — to climb even higher
To seek the illusive sunbeam.
To shoot for the stars — to grab the brass ring
To taste success in a realized dream.
They will know they are loved and they will feel secure
With your greatest gift — Their SELF-ESTEEM.

by Mary Whalen

GROUP FACILITATOR NOTES

Session IV is on self-esteem for the child. Children who are introduced to a wholesome, healthy, caring environment can make positive changes. Good self-esteem is not inherited. It is not a gift to the child. It is a **learned** behavior. The main ingredient for this learning will be the acceptance and the positive experiences you, as a facilitator, can give.

By age four, children in the alcoholic home have already experienced inadequacies, failure, and loss of power. They are beginning to build up some negative psychological defenses which help them adjust to and make sense out of their world. As the group facilitator you can give the children tools to help them nurture themselves in a positive way. The importance of a positive self-esteem message cannot be overstated. A child who has had many negative experiences will still respond to positive messages. The younger children are when they begin to experience positive messages, the less time it takes to change the negative psychological defenses they have begun to build up. Research shows that children and adults in therapy with only **one** hour per week of positive messages can make enormous changes. It takes five positive messages to balance one negative message.

The "warm fuzzies" are positive messages because they can be **self**-nurturing. Teaching children to give themselves a positive message when they need one helps them establish healthy coping skills. They can learn to develop a stronger sense of self-esteem and trust.

Young children often perceive themselves as the only ones with a problem. Typically the alcoholic family does not admit to any problems, so the child may not have any opportunities to talk about it. Since they are aware that something is different at their house, they may believe they are alone.

As a group facilitator you may want to take a look at your own feelings about yourself. If your self-esteem is low at this particular time, remember it is not a static condition.

Surround yourself with people who treat you with respect, and with people you enjoy. Take an active part in your own potential to enjoy life.

Reference Book for Group Facilitator:

Self-Esteem A Family Affair, by Jean Illsley Clarke, Winston Press, 1978.

CHILDREN NEED LOTS OF ENCOURAGEMENT

GOALS FOR SESSION

1. To help children develop a positive self-image.

2. To help children learn to trust their feelings.

3. To encourage children to practice their social skills verbally.

4. To raise the awareness in children that there are many children who have alcohol problems in their families. They are NOT alone.

5. To give positive self-esteem messages to these children.

Welcoming Activity

Objective

To thank children for being there.

Procedure

Begin by having everyone in the group stand up, holding hands in a circle. Tell the children: "Remember that it's NOT your fault that grown-ups drink alcohol. You cannot stop it. It's NOT your job. Let's say that together."

Exercise: (Chant 3 or 4 times)

"I can't stop it,
I can't stop it,
I can't stop it,
I can't stop it.
It's not my job,
it's not my job,
it's not my job,
it's not my job."

Comments

Thank everyone for being there. Have them sit down.

Story

Objective

To encourage children to practice their social skills.

Materials Needed

Book: *I Need A Friend*, by Sherry Kafka, Putnam, 1971.

Procedure

Read *I Need A Friend*. After the story discuss how a person makes a friend. Give them lots of opportunities to talk.

Comments

You may have a favorite book to use instead of this one.

Hands-on Activity

Objective

To help children develop a positive message about themselves. To give them a warm fuzzy.

Materials Needed

A bag of pom-poms in a variety of colors. Have one for every child. Keep a bag of extras on hand so a child could always return to you to get another.

Procedure

Direct the talk toward what to do when you need a friend or need a hug. The facilitator says: "Sometimes I feel like I need a hug or a friend and everyone is busy or not listening. Does that ever happen to you? You just feel like you NEED a hug? Well, you know what? You could hug yourself! Let's try that." Model hugging yourself.

Tell the children you have another way to feel good. Tell the children you brought them a warm fuzzy. A warm fuzzy is a positive message. Pass around a pom-pom to everyone. If you have a variety of colors of pom-poms, children can make choices. "Um, um, feel how soft your warm fuzzy is." Model rubbing sides of face. Ask the children where they can keep a warm fuzzy. "Well, I could keep it in my pocket, if I had a pocket. Then it would be there when I want it. Or, I could keep it on my dresser so I'd know where it was when I needed it. Or, I could keep it under my pillow to have at night if I should feel sad or lonely."

Comments

Ask the children, "What else could you do when you need a hug? You also could hug a teddy bear, or you can hug your pillow, too. Do you have one of those?" Give opportunities to talk. You can always ask for a hug from someone, too.

Reinforcement Activity

Objective

To encourage children to practice their social skills verbally.

Procedure

Lead a discussion about positive messages. What are they? Where might we get them? How should we respond to them? Some will know who gives them positive messages; others will not know. The facilitator models this exercise by giving a positive message. The facilitator might say, "I like the way you are sitting so nicely." The child can only respond by saying, "Thank you." Now go around the circle as each child gives a message to the next person. The only response is "Thanks." All get a turn. Children like this exercise. As a facilitator, compliment for **Being** or **Doing**. If a child does NOT wish to do this exercise please tell them it is okay to pass. To the group say, "Name passes." Make it a smooth transition to the next child.

Comments

Good self-esteem for a child is a learned behavior.

Closure Activity

Objective

To give positive self-esteem messages to children.

Procedure

End by standing in a circle, holding hands. Say, "Today we learned about warm fuzzies and positive messages and friends." Move into a musical exercise. A suggestion is *You Are Special*. It's a repetitive song and can be sung to "Are You Sleeping" or any other tune. Children "get it" immediately.

Facilitator points to each and every one during song:

You are special
You are special
Yes, you are
Yes, you are
You are very special
You are very special
Yes, you are
Yes, you are

Parent Involvement

Procedure

Send home to parents "Home Talk" #4.

Other Suggested Activities

1. Use puppets to act out the story of the book used in this session, *I Need A Friend*.

2. Make a flannel board story that illustrates good self-esteem.

Make Your Own Notes Here

Home Talk

Today _____ learned the following
(name of child)

about

SELF-ESTEEM

[ ] What is a nice message from someone?

1. I learned how to give myself a "warm fuzzy" message. The "warm fuzzy" is a little fuzzy pom-pom.
2. I am learning to trust my feelings.

[ ] Who makes me feel special? Who is my friend?

1. I practiced telling my friend at school something nice.
2. We sang a song, "I am Special."

Please help your child feel special:

1. By being generous with hugs and smiles.
2. By encouraging your child to learn new skills.
3. By listening to your child talk.
4. By giving your child positive messages.
5. By helping your child identify friends.
6. By asking your child about their "warm fuzzies" (pom-poms).

YOUR CHILD NEEDS LOTS OF ENCOURAGEMENT

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SESSION V — FAMILIES

FAMILIES

Comfort zone
Support group
Cozy refuge
Chicken soup

Unending love
Escape hatch
Total acceptance
Cookie batch

Ego builder
Sympathetic ear
Caring counsel
Holiday cheer

Non-judgmental
Trial audience
Safety valve
Happy incidents

By Mary Whalen

GROUP FACILITATOR NOTES

Session V will give the children information about how families are different and how they are the same. The session on families will help children develop a sense of belonging in a family and allow for some family pride despite the alcohol problems.

Because of inconsistent emotional and physical care, by the age of four children in the alcoholic home may be losing that sense of belonging. They live in high stress, always coping with intense emotional situations. If they can learn that it's okay to talk about the alcohol issues, they can begin to form some bond of trust or hope that will free them to grow and to work out their problems in a healthy way. If we can help these children to understand what's happening in their families, we can affirm the child's right to "being." And these children will grow in self-confidence.

By the age of 4, young children learn an incredible amount about what they can and cannot do. They learn at a very young age how to read the primary caretaker's different mood states. For the child in the alcoholic home where the mood states are so inconsistent, this childhood task is extremely difficult. Your task is to provide a safe environment to begin to build trusting, adult-child relationships. Children basically need three things in their relationship to their family. They need to have a sense of **order**. Children need to have their own little world go around smoothly. Children need to have the knowledge of **continuity**; in other words, eating, playing, sleeping. Children need **security** to have someone there for them. They worry about food and shelter. A good preschool or day care environment gives them the following: a sense of order in their classrooms and with caregivers who are there regularly; continuity when the classroom offers a schedule and the teacher shares information with children about what's next; and security for children when the preschool provides the children with tools to survive and grow and gives them opportunities to talk about their families.

Today they will make gifts to take home to their families. Their collage of hearts can initiate an experience of feeling affection. It can help the children feel better about their

surroundings and family. It is important for children to know all families have problems but there are good times, too.

You may have unresolved issues of your own about what a family is. These might be unresolved issues of anger with parents, brothers or sisters, or issues around inconsistencies, order and security in your own life. Before you facilitate this group it might be healthy to write them down and talk to someone about them or write them down and discard them.

It is important as a group facilitator to review your idea of what family is. For the children you serve it will mean the key figures in the child's life at home. The structure of the family may be unconventional. Despite the influence of alternative family styles, the mothers have remained primary caretakers during infancy. But as the child grows there emerges a wide spectrum of caretakers for the children. This informal structure makes for ambivalence about rules. Mothers may feel conflict, guilt and resentment. ("Changes in Family Functioning," by Jannette Alexander, Ph.D., and Madeline Kornfein, M.A., *American Journal of Orthopsychiatric*, 53(3) July 1983.)

The group facilitator's role is to understand that, regardless of structure, the alcoholic family is a closed system to those on the outside and to each other. There is no role-modeling for intimacy and the families believe no one would understand. The family dysfunction is generational and progressive.

Reference Books for the Group Facilitator:

Looking at Life, by the Head Start Bureau, 1987.

Facing Shame, Families in Recovery, by Merle A. Fossum and Marilyn Mason, Penguin Books, 1986.

Free to Be a Family, by Marlo Thomas & Friends, Bantam Books, Inc., New York, 1987.

CHILDREN NEED ASSURANCE ABOUT

THEIR FAMILIES

GOALS FOR SESSION

1. To strengthen children's knowledge about the many kinds of families.

2. To promote children's sense of belonging.

3. To help children understand family problems.

4. To enable children to talk about similarities and differences in families.

5. To help children talk about feelings in families.

6. To help children develop a pride in family through positive memories/ideas/messages.

7. To increase children's self-confidence in their abilities to communicate with their families.

ACTIVITIES

Welcoming Activity

Objective

To promote the child's sense of belonging.

Procedure

Ask the children about their warm fuzzy from the last session. Allow opportunities to talk. Let the children know today that you are going to talk about families and how special families are.

Story

Objective

To strengthen children's knowledge about the many kinds of families.

Materials Needed

Book: *A Family is a Circle of People Who Love You*, by Doris Jasinek and Pamela Bell Ryan, Comp Care Publishers, Irvine, CA, 1988.

Poster: Different Kinds of Families, a collage (Maybe a parent volunteer could make you a poster collage.)

Procedure

Read the storybook. Then ask the children what they think a family is and how many people are in their families. Say: "Do you know families are all the same? We eat food, live in a house and wear clothes. BUT we're all different, too. We eat lots of different foods. We live in lots of kinds of houses: big houses, little houses, apartments, igloos, trailer houses and shelters. We wear different clothes, too, don't we? How many live in a trailer house? Here's a poster of different families — see all the kinds? Families are special. The people in the family try to take care of each other. When you were a little baby, **child's name**, someone had to feed you and change you. Now you can do some of those things yourself."

Comments

"How is your family special? What are some fun things you have done? Who did you do them with? Do you have anything really special like a treasure at your house? Maybe it belonged in the family a long time and is a family treasure and is very special."

Hands-on Activity

Objective

To make a special picture to take home.

Materials Needed

Construction paper 8 1/2" x 11" in many colors

Pre-cut heart shapes in many colors and different sizes

Glue for all the children to use

Procedure

Tell the children they are going to make a present for their families. Give them some pieces of paper and some hearts cut out in all different colors. Have them glue the hearts all over the paper. Tell the children they may take their special pictures home to their families. If children resist the activity, try putting something in their hands for the duration. Perhaps the magnets or warm fuzzies. No activity should ever be forced.

Reinforcement Activity

Objective

To help children understand family problems.

Procedure

Direct the discussion to the children's feelings about their families. "Sometimes we get mad at our family, don't we? We can't always figure out things and we might get confused about our feelings. You know **all** families are like that sometimes. Sometimes families have big problems, maybe a problem like alcohol. The best thing to do is to talk to someone about it — maybe at our special group. Talking makes us feel better sometimes and everyone in our group may have that problem." Allow opportunities to talk.

Comments

Tell the children it is important to understand our families and to know that we CAN learn to share our feelings in our family or in our group.

Closure Activity

Objective

To promote a child's sense of belonging.

Procedure

Stand, form a circle and hold hands. Tell the children, "Just as families are special, our group is special."

Sing: (To the tune of Are You Sleeping?)

Families are special
Families are special
Yes, they are
Yes, they are
Families are very special
Families are very special
Yes, they are
Yes, they are

Parent Involvement

Procedure

Send home to parents "Home Talk" #5.

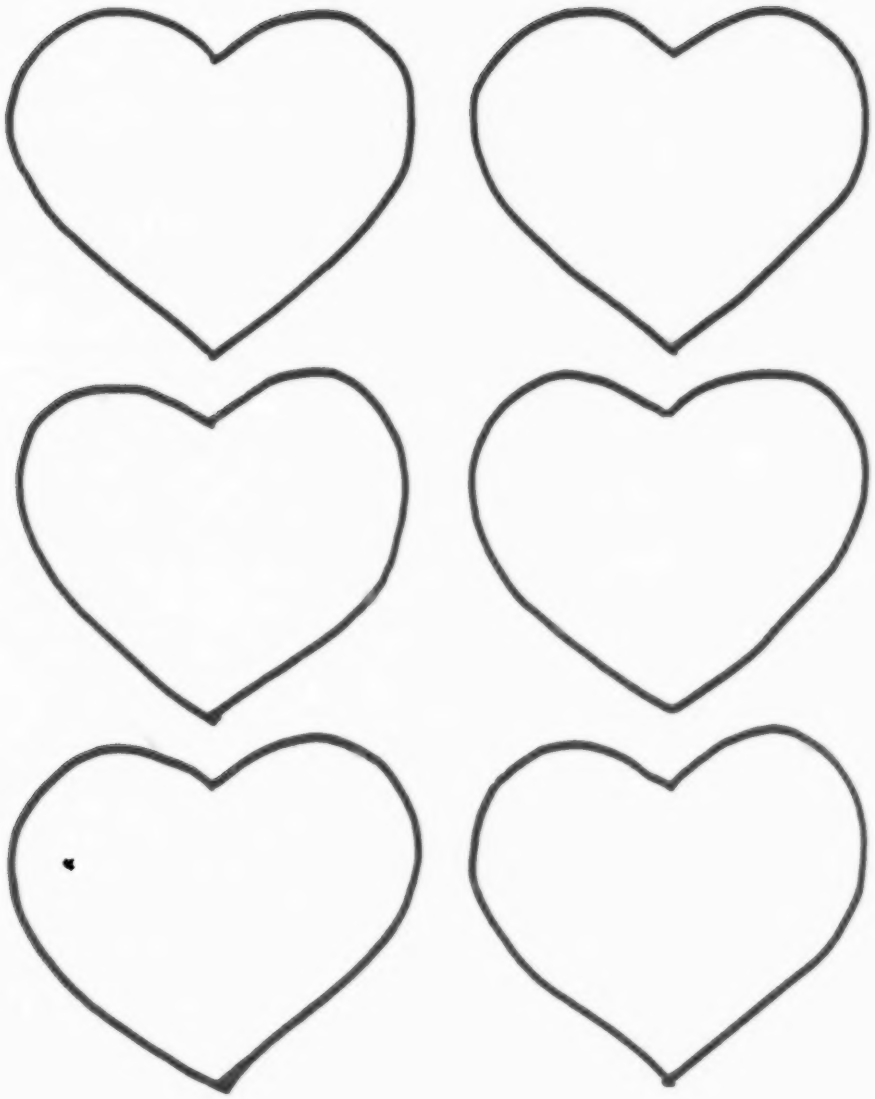
Other Suggested Activities

1. Draw a baby picture. Talk about being born into a family.

2. Family Albums. Make booklets out of paper and talk about something special for each person in the family.

Make Your Own Notes Here

Activity V



A GIFT OF LOVE
Cut many, many hearts of many colors
Have children glue them on a plain piece of paper to make a collage to take home.

Home Talk

Today _____ learned the following
(name of child)

about

FAMILIES

[ ] I listened to a storybook called, *A Family is a Circle of People Who Love You*, by Doris Jasinek and Pamela Bell Ryan, Comp Care 1988.

[ ] I learned about families .....

1. In some ways families are the same — They need food, clothing, and places to live.
2. In some ways families are different — They use different food, clothing and different kinds of houses.

[ ] I made a picture for our family.

Help your child feel that he or she belongs in the family. It might be fun to look at your family pictures or talk about your family customs. You might like to start a family album. A family album could have pictures, birth records, marriage certificates, awards, family menus for holidays, calendars of special events, pictures children have made and much more. Family albums can be fun to make.

FAMILIES ARE SPECIAL

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SESSION VI — PERSONAL SAFETY

PERSONAL SAFETY

There's only one you
So what should you do?

LISTEN:

To the policemen when he's telling you when to cross the steet.

To the fireman — matches aren't safe, they cause too much heat.

To your family — don't talk to the stranger, or go in his car.

To your mother — when you're little, don't wander off too far.

To your teacher — wear hats, coats and boots to keep you dry and warm.

To your friends — use the buddy system to be more safe from harm.

To the little voice in your head that tells you to beware.

You can stay well and safe if you learn how to take care!

by Mary Whalen

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GROUP FACILITATOR NOTES

Session VI is designed to increase children's knowledge about being safe. Children can learn new attitudes and responsibility for their own safety if given the information.

By age four, some children in alcoholic homes have been dealing with domestic violence as well as the many other problems of alcohol abuse in families. Statistics show these children are also at higher risk for emotional abuse — the children live under continual tension and anger. (See Appendix A — NACOA Fact Sheet.) These children will try to manage the actions of others and may try to intervene in the family fights. As a consequence they may be hurt themselves. Often they become the little adults. As a group facilitator you will have the opportunity to give them some new ideas about staying safe. These children are often isolated in their home situations and it may be very difficult for them to find or use potential caregivers. The secret burden of having an alcoholic parent interferes with the development of trust and security.

Children learn by practicing. In this session the reinforcement activity of phone practice gives the children a valuable hands-on experience. Often the phone practice helps children identify their safety person. They also will practice necessary language skills. If children identify you as their safe person help them choose another. If they identify no one as their safe person, you need to talk to their parents. Explain what you are teaching and ask for their help.

This is a session which may include a lot of disclosure about the home. What happens in a fight? Weapons in the house? Who gets hurt? It can be overwhelming to the facilitator. It will be a time for the facilitator to be a good listener and be sensitive and supportive to children when they are talking. Again, children need to talk these things out. If you can be warm and casual, the child can be confident in trusting you.

As a group facilitator you may encounter information of a confidential nature regarding children and families. For the protection of children and families, a group facilitator does

not repeat the contents of disclosure during group. Parents of the children in your group should be able to trust you will not reveal information of a confidential nature except on a need-to-know basis.

The session proceeds from the discussion of what may happen in a home during a fight to an alternative activity for children. It is an activity box. The activity box that you put together with the children to take home is actually a "distancing activity" suggested by Dr. George Nakama, Ph.D., Mental Health Specialist, U.S. Public Health Service, Region X, San Francisco, to help teach a child to stay out of the middle of fights, go to his/her room, and to stay safe. But even more, the box provides the child with ideas of what to do. This again will lower the tension level of the child and offer alternative coping skills.

In teaching the concept of "distancing," children are very adamant in thinking they can stop the adults from fighting. As you continue to teach the children "distancing," they retreat from this stance. All the communications from these children hold a basic honesty.

Every child needs to know these points:

1. A safe place in the house
2. A safe person to call
3. (Fill in your area or city) emergency number

A CHILD HAS A RIGHT TO FEEL SAFE AND STRONG

GOALS FOR SESSION

1. To talk to children about being safe.

2. To help children identify their safe person.

3. To talk to children about safe places in their home.

4. To tell children to stay out of the fights of adults.

5. To practice telephone skills.

6. To practice with children how to reach your city or area emergency number.

7. To provide an alternative activity (activity box).

8. To talk about being responsible for an activity box.

Welcoming Activity

Objective

To review the session about families. To introduce today's session about safety.

Procedure

Welcome the children. Say, "Last week we talked about our families. Do you have anything you want to share?" Tell the children you are going to talk about being safe. Remind them that they are safe at school. "It's okay to be here and no one will hurt you on purpose. You may fall and have an accident, but no one will hurt you on purpose."

Story

Objective

To tell children to stay out of the fights of adults.

Materials Needed

Book: *My Dad Loves Me; My Dad Has a Disease*, by Claudia Black, MAC, 1979.

Procedure

Read the story line on page 46 and show the picture on page 47. Then say: "At home sometimes adults get into a fight. Do you know you can not stop adults from fighting? It's **NOT** your job. And you **MUST** not get in the middle. You need to take care of yourself and be safe. What can you do? Who can you call? Can you go next door? Do you know who is your safe person at home?" Take time to talk to each child in your group.

Comments

Talk about safe places in the house when adults are having a fight. What else can they do? Provide opportunities to talk.

Hands-on Activity

Objective

To practice telephone skills on the phone. To practice how to reach emergency numbers.

Materials Needed

Old phones — one for each child if available. Push button phones, dial phones and pay phones — OR you could make cardboard paper phones (sample design included in this section), one for each child.

Emergency number stickers for their phones if appropriate in your area.

Procedure

"In our city we have a special number to call for help. Do you know about _____? Let's try it." Have several kinds of phones, push button, dial and pay phones. Let children experience the phones for a bit. Then practice individually whom they would call and what they would say.

Comments

You may be pleasantly surprised at how many children have all this information.

Reinforcement Activity

Objective

To provide children with an alternative to being in the middle of adult fights. To make an activity box.

Materials Needed

Shoe boxes (covered with colored tissue paper), pencils, colored paper, scissors, scratch pads and a scarf (scarves can usually be collected through staff donations).

Procedure

Tell the children they are going to make something to do in their rooms or when they are alone. It is an activity box. An activity box is a shoe box with things to do in it. Put in some paper to write on. Staple some scratch paper together and make a tablet. Put a pencil and color crayons in it. Tell them an activity box must have a scarf. Say, "With a scarf we can pretend many things." Model: (1) wrap it around your arm and pretend it's a snake; (2) put it on your head and tie it under your chin so the scarf makes you look like an old lady; or (3) put it over your eye and around your forehead to be a pirate. Give the children time to pretend with their scarves.

Comments

Remind the children that when they are finished with toys at preschool they must pick them up. It is their job to pick them up at school and it is their job at home.

Closure Activity

Objective

To reinforce the idea that children cannot stop adults from fighting and that it's not their responsibility.

Procedure

Have children stand, form a circle, and hold hands. Remind the children they cannot stop adults from fighting and it's not their job. Chant:

"I can't stop it
I can't stop it
I can't stop it.
It's not my job
It's not my job
It's not my job."

Parent Involvement

Objective

To keep parents involved in the process of the child's support group.

Materials Needed

Emergency stickers for their telephones (available from your local agencies that promote your emergency numbers in your area) enough for each child.

"Home Talk" #6.

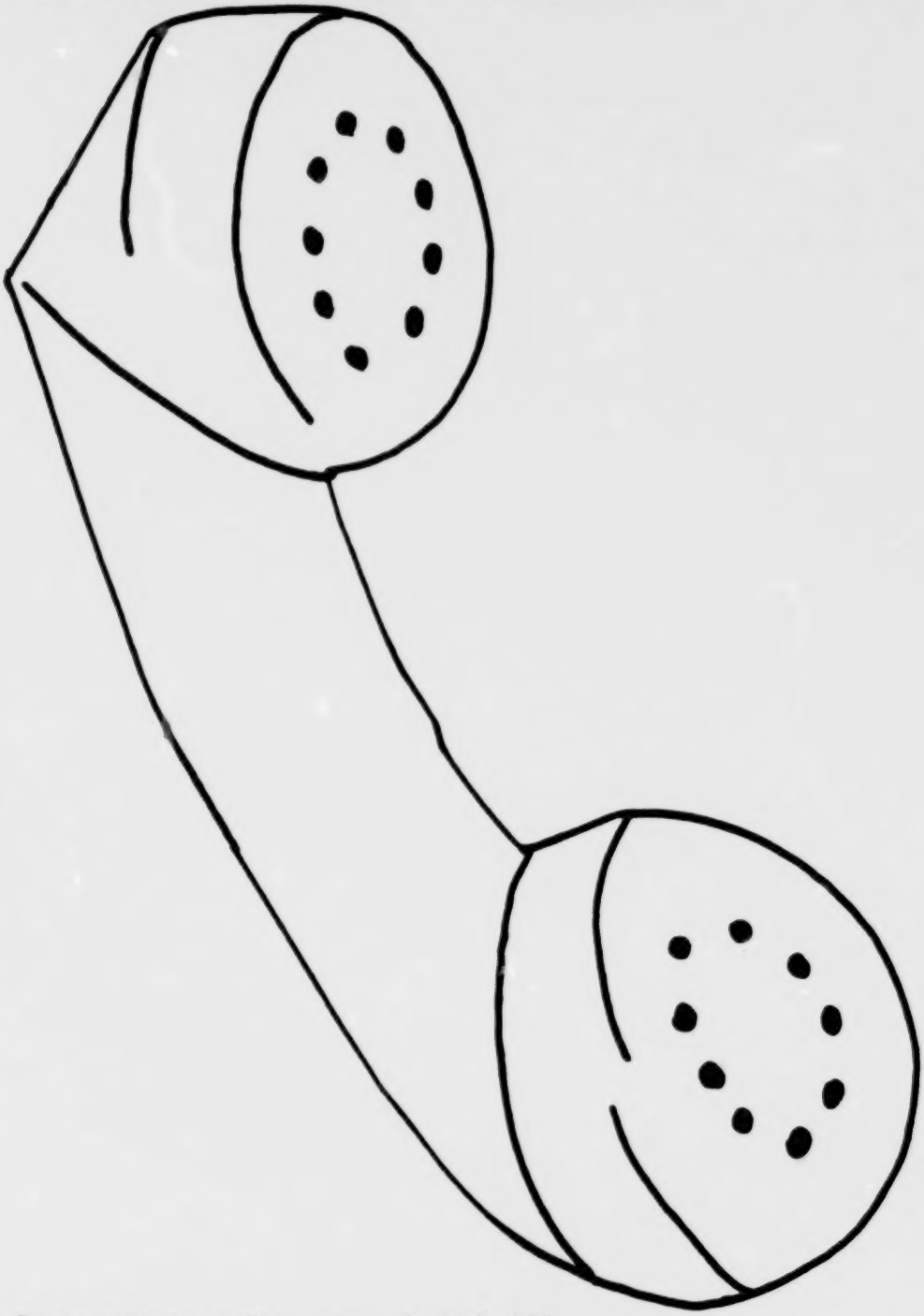
Procedure

Send home the emergency numbers for the telephones. Send home to the parents "Home Talk" #6.

Make Your Own Notes Here

Activity VI

By Dennis Read, Teacher at Spokane County Head Start



Cut one phone out of heavy paper for each child.
You can either draw the receiver and talking ends right on the phone or cut out circles and paste them on.

Home Talk

Today _____ learned the following
(name of child)

about

PERSONAL SAFETY

Today I learned that I need

[ ] A safe place in my home.

[ ] A safe person that your child can call.

[ ] How to use _____ the emergency number.

[ ] We made an activity box to play with in our own room.

[ ] We learned we must be responsible for our activity box.

Please help your child to be safe ..... Children need to know they are **NOT** responsible for adults, but they **CAN** be safe.

YOUR CHILD HAS A RIGHT TO FEEL SAFE AND STRONG

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SESSION VII — RELAXATION

RELAXATION

When days are long gone and tedious
And life is like a test
To find rejuvenation
Give your body a little rest.

When your head feels like it's splitting
And your eyes the teariest
Erase the furrows from your brow
Give your mind a little rest.

When the ache is emanating
From the center of your chest
Stretch right out in your bed
Give your heart a little rest.

Relaxation's not a cure-all, but
When pressures build up to a crest
You can think a little clearer if you
Give yourself a little rest.

by Mary Whalen

GROUP FACILITATOR NOTES

This session supports and encourages physical health and wellness. Children have begun to verbalize their feelings and they are developing an awareness that they can be responsible for themselves. This session on relaxation will enhance their knowledge about themselves and empower them with ideas on what to do in tense situations. If children can be taught to **limit** responsibility to **themselves** in the home environment, they will be much healthier.

By the age of four, children of alcoholic parents will have suffered a great deal of tension. They may be physically neglected as well as emotionally abused. The children take on the guilt of the alcoholic parent's drinking and blame themselves. All of the behaviors and moods of the family revolve around the behavior of the alcoholic. The changes and inconsistent behaviors of the parents cause fear and confusion for the child.

By teaching the children to relax, you are using a comprehensive approach to their health and welfare. You are helping them to feel competent about themselves and to learn to handle stress and tensions. This will help them now and is an important skill to carry into adulthood.

This session begins by the nurturing of the "child within." Tell them a story and then give them a teddy bear they can tell their feelings to. This is quite healthy and children will enjoy this activity.

It will be important that the teddy bears go home with the child as many of the homes may be environmentally deprived and lacking in play things. If you are using pretend bears because of a low budget or no access to teddy bears, please be sure that the housekeeping area or book area in the classroom has a teddy bear for the children to use as they process this information. It may be possible for your program to get teddy bears from community donations. Small teddy bears are easy for children to handle. Large teddy bears might be taken by older siblings. The younger children will usually be

able to talk to their bears much easier than the older children, although children with adult responsibilities lose their sense of play early.

The session will move from nurturing the "child within" to a relaxation technique. Feel free to use your own relaxation strategies, if you have a personal favorite.

As facilitator, individually encourage children to relax. You will want to express the idea to the children that being physically healthy is good for the body as well as lots of fun.

Some warning signs of children's stress are the following:

Physical Reactions

- Increased number of illnesses
- Indigestion, diarrhea, vomiting, undereating
- Muscle spasms, nervous tics or twitches
- Headaches, vague physical complaints
- Increased asthma attacks, allergic reactions
- Stuttering, stammering

Fight Reactions

- Violent acts against people or animals, vandalism
- Negativism, tantrums (beyond terrific two stage)
- Self-harm, self-abuse
- Daredevil stunts
- Unusual difficulty getting along with peers

Flight Reactions

- Clinging, dependency
- Loss of interest in activities usually enjoyed
- Escapism preoccupied with TV, video, superheroes, rock stars
- Excessive daydreaming, excessive sleep
- Regressive behavior (e.g., soiling accidents when previously toilet trained)
- Withdrawal, solitary behavior

A CHILD CAN LEARN TO RELAX

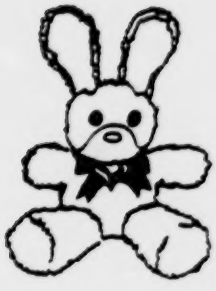
GOALS FOR SESSION

1. To promote wellness within children.

2. To teach children to listen to their hearts and relax.

3. To provide time for communicating ideas about feelings.

4. To provide experiences for self-awareness.



ACTIVITIES

Welcoming Activity

Objective

To promote a sense of belonging.

Procedure

Tell the children that in the last session we talked about being safe and taking care of yourself. Allow opportunity to talk.

Story

Objective

To provide children with information about ways to express feelings. To promote wellness within the child.

Materials Needed

Book: *I Know the World's Worst Secret*, by Doris Stanford, Multnomah Press, Portland, OR, 1987.

Teddy bears — one for each child to take home.

Procedure

"Today I'm going to tell you a story about a girl who lives with her alcoholic mom, her dad and her little sister. This book is called, *I Know the World's Worst Secret*." The facilitator must **know** the story and tell it rather than read it, to be age appropriate. I have found the children very intrigued by this story.

Talk about the story. Say: "Sometimes we **need** to know how to take care of ourselves. Did you see how the little girl often talked things over with her teddy bear? Do you have a teddy bear? Well, today I brought one for everyone." Pass out teddy bears to each child. Tell the children they can talk to their teddy bears. They can hold them and talk to them for a few minutes. Facilitator could model or listen and share individually with the children. Facilitator could say, "Hello, Teddy, I'm glad you are my friend. Sometimes I get scared but you are soft and you listen to me. Thank you, Teddy."

Comments

"Do you want to take your teddy bear home? You may."

Hands-on Activity

Objective

To have children listen to their hearts and relax. To provide experiences for self-awareness.

Materials Needed

A stethoscope, if available.

Procedure

Tell the children you are going to teach them a way to take care of themselves by teaching them to relax. Ask them if they can say "Relaxation — relaxation." Say: "Relaxing is getting your body loose all over. Just droop! Get loose. Shake out your arms, hands, legs. Try it now."

If a stethoscope is available, say: "Today I brought a stethoscope to listen to our hearts. Let's take turns and listen. Hear your heart thump. Now let's stand up and let's just take some deep breaths." Model slowly taking in deep breaths, slowly letting them out. "Now let's take a deep breath and hold our hands over our hearts and feel our hearts thump. Listen, listen. Listen carefully — hear it thump. When your heart thumps count three times and breathe out. Now again, breathe deep and count three heartbeats and breathe out. Do this three times. We can do this whenever we want. BUT it's really good to do when we are worried or upset. We can go in our room and do it all by ourselves. That's called taking care of ourselves by relaxing."

Comments

"Sometimes we need to go to our rooms to get out of the way of adults. What can we do in our rooms? Now we know we can relax."

Closure Activity

Objective

To repeat relaxation activity one more time.

Procedure

Stand in a circle. Do the shake out exercise. "Just droop! Get loose. Shake out your arms, hands, legs." Stand up, hold hands, be quiet a moment. Thank everyone for coming.

Parent Involvement

Procedure

Send home to parents "Home Talk" #7.

Send home teddy bears.

Other Suggested Activities

1. Yoga exercises are excellent. *Let's Do Yoga*, by Ruth Richards and Joy Abrams.

2. Guided fantasies — Open-eye stories that might cause laughter. Laughter is wonderful.

3. Meditation. Children are better meditators than adults.

4. *Think of Something Quiet*, by Clare Cherry, David S. Lake, 1981.

5. *Be a Frog, Bird or a Tree*, by Rachel Carr, Harper and Row, New York, 1973.

Make Your Own Notes Here

Home Talk

Today _____ learned the following
(name of child)

about

RELAXATION

[ ] Today I listened to another story about alcohol.

[ ] I got a teddy bear to practice talking to about my feelings.

[ ] I learned to listen to my heart.

[ ] I learned to shake out my body and relax.

Please help your child relax. Encourage exercise. It is healthy for the body.

YOUR CHILD CAN LEARN HOW TO RELAX

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SESSION VIII — I AM SPECIAL

I AM SPECIAL

I am special, I am me.
No one like me anywhere.
Just one of me in all the world
Unique, priceless and rare.

I like myself, I'm worth a lot.
I try hard to do what's right.
I can be what I want to be
When I keep my goals in sight.

I trust myself, I'm honest too.
Work hard and try to be fair.
Treat others as I would like to be.
Offer friendship you'd like to share.

I am special, I am me.
Can you love me as I do you?
I'll be the best that I can be.
And I'll help you be special too!

by Mary Whalen

GROUP FACILITATOR NOTES

Session VIII deals with self-esteem. The group interaction provides children with opportunities to share feelings and to raise their awareness. Group interaction will help them discover their uniqueness, which will improve their self-esteem.

By age four, children may have experienced an overwhelming lack of support. The people on whom they depend are not able to provide for their needs. They may feel helpless and feel **different** from other children. They learn to suppress their feelings. They are unsure of what other adults are expecting from them. These children need a steady supply of positive messages from their caregivers. Caregivers are teachers, volunteers, grandparents, anyone who has time with the child and can give support and meet needs. These positive messages are a way of intervening and will increase the child's self-esteem.

The thumbprint exercise builds children's understanding about their own uniqueness. The thumbprint is their very own, a part of them that they can begin to identify as being special, and the follow-up song, "I am Special," using the **very** thumb you have discussed and examined, becomes a tool that the child can look at, hear about and begin to internalize.

As the group facilitator you are the role model for this group. Your consistency in caring, listening and being honest with your own feelings will shine through to the group. Your thoughts and feelings about your own uniqueness will set the tone of your group. Don't forget to simply **ENJOY** them. Children will gain a sense of being valued when they see and hear an adult who truly enjoys being with them, unconditionally.

As the group facilitator, be aware that it's okay to feel good about **yourself** and you can always be growing in that area. The better you feel about yourself, the more positive you will be in your own work and life.

Reference Books for Group Leaders:

Your Child's Self-Esteem, by Dorothy Corkille Briggs, Doubleday and Co., Inc., New York, 1975.

Windows to Our Children, by Violet Oaklander, Ph.D., Real People Press, 1978.

Self Esteem, A Family Affair, by Jean Illsley Clarke, Winston Press, 1981.

CHILDREN NEED TO BE APPRECIATED BECAUSE THEY ARE DIFFERENT AND BECAUSE THEY ARE UNIQUE

GOALS FOR SESSION

1. To promote children's positive self-images.

2. To provide an experience for self-awareness.

3. To help children develop pride in themselves.

4. To help children continue to build trust in positive experiences.

5. To help children identify their own uniqueness.

Welcoming Activity

Objective

To review relaxation techniques.

Procedure

Have the children stand and form a circle. Say, "Everyone shake out your bodies. First shake out hands, arms. Then take some deep breaths." After doing this have the children sit down ready to begin.

Story

Objective

To promote children's positive self-images.

Materials Needed

Book: *I'm Somebody Special*, by Sandy Morgan, Challenge Productions, Inc., P.O. Box 9624, Minneapolis, MN, 55458, 1987.

Large mirror (possibly from classroom).

Procedure

Read the story. Then say: "Today we are going to talk about how very special each and every one of us is. Remember how we talked about our families? There were some things alike and there were some things that were different in families. Each and every one of us individually has some things the same and some things like our eyes or our hair or our skin which are different." Individualize qualities of each person. "We all have hair, but does it feel the same or is it the same color?" Give the children lots of opportunities to respond. Continue this exercise through eyes, mouths, hands, clothes, dresses versus pants, shoes, colors. A mirror from the housekeeping area of the classroom would be very helpful so children can visually experience the differences.

Comments

Model for the children using the mirror to see how you look.

Hands-on Activity

Objective

To provide an experience to help children identify their own uniqueness.

Materials Needed

Large piece of white paper to tape on the wall

Magnifying glass

Stamp pad

Procedure

Use thumbprints to show how everyone is different and everyone is special. Say, "You all have thumbs, but all of your thumbprints are different! No one in the world has a thumbprint just like yours."

Tape a big piece of paper on the wall and have each child put a thumbprint up on the paper. Put the children's names beside their thumbprints. Use a magnifying glass to compare the thumbprints. Show the children the differences — circles, lines, sizes.

Comments

Once children have made a thumbprint and looked at theirs and others, they may want to fill up the page.

Reinforcement Activity

Objective

To provide children with pictures of their thumbprints to take home.

Materials Needed

Stamp pad, squares of white paper 4" x 4"; squares of colored paper 5" x 5", pen.

Procedure

Make individual thumbprint pictures to take home. Have the children put their thumbprints on the white squares and glue the white paper to the colored paper. Give the children choices of colored paper to glue their white squares on. Be sure to put their names on them.

Comments

Say, "Remember each of us is very special and we have our very own thumbprint."

Closure Activity

Objective

To continue to build trust in positive experiences. To thank them for coming.

Procedure

Stand, form a circle and sing, "I am Special" to the tune of "Are You Sleeping?" also known as "Frere Jacques." But this time say, "We are going to use our special thumbs." Facilitator demonstrates using thumb and pointing at self.

Sing, "I," (point to yourself) "am special." (Point thumb up as A-ok).

I am special
I am special
Yes, I am
Yes, I am
I am very special
I am very special
Yes, I am
Yes, I am

Parent Involvement

Procedure

Send home to parents, "Home Talk" #8.

Send home children's thumbprint pictures.

Other Suggested Activities

1. Draw silhouettes of the children's bodies. Inside the silhouettes write the children's statements about themselves. For example: "I have blue eyes and black hair." Body awareness is basic to a strong sense of self.

2. Take photographs of children and post in the classroom or put in a book.

3. Have the children make a book about themselves.

Make Your Own Notes Here

Home Talk

Today _____ learned the following
(name of child)

about

I AM SPECIAL

[ ] I listened to a storybook called, *I'm Somebody Special.*

[ ] I learned how we are all alike and yet different
- ♦ hair, eyes, hands, etc.

[ ] I made "thumbprint" pictures.

- ♦ Do you know everyone has a different thumbprint?
- ♦ I looked through a magnifying glass at my friends' thumbprints and my own.
- ♦ I sang "I Am Special."

Help your child feel understood, included in the family and important. Listen and talk to your child.

YOUR CHILD NEEDS TO FEEL SPECIAL

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NUTRITION

The body that you're living in
Is the one you'll always own.
With good food for nourishment
It will be healthy when fully grown.

You need all sorts of vegetables
Orange, yellow, red and green.
In salads, snacks, soups or stew
You should lick your plates up clean.

When morning shows its sunny face
Right through your window panes,
It's time for juice, eggs and toast
Or cereal with your favorite grains.

You mustn't forget your milk and cheese
And fish about twice a week.
Chicken and noodles, hot dogs and ice cream
And apples to put roses in your cheek.

Just as fires need fuel and tending
To keep burning warm and bright,
Your body needs vitamins and minerals
To help it grow up right.

GROUP FACILITATOR NOTES

Session IX is offered to give children permission to eat food when they are hungry. The practical experiences of making something to eat give children further knowledge of their enrvironment and necessary survival skills.

The four-year-old in your group may be the oldest of the children in the family. This four-year-old may have responsibility for the younger siblings. This job may be to keep them out of messes and that may mean keeping them out of the kitchen. It's difficult to talk about good nutrition when a family has little food. But it is important to establish an understanding with the children that it is okay to eat the food at their house when they are hungry and to teach them that they can clean up after themselves.

Many children have anxiety and fear about food issues. They have experienced having no food and have felt guilty about being hungry. If we are to teach children new ideas and attitudes, we must understand the significance of their past experiences. In order to understand what they need to learn, we must allow children time to talk. We can facilitate that by asking questions and by listening to and accepting the answers.

The food experience in this session will enable you as a group facilitator to focus on another aspect of wellness and health for the children in your group. Children need food for steady, continuous growth and development. The children's awareness that they CAN fix something to eat will help them grow and actually become problem solvers in their own homes. This ability will help them gain confidence and competence.

Your job as the group facilitator is to strengthen children by helping them become self-sufficient and problem solvers. You can redirect children from a crisis orientation with too much stress and tension by teaching them coping skills to make their lives more stable. Your supportive role will be most important.

As a group facilitator, you may have very strong opinions on good nutrition. However, it will be important to realize that in this section we are talking about what is at home, on hand, for children to eat. It is far better to have a slice of bread or crackers and a glass of water than nothing. The body needs food.

CHILDREN NEED FOOD TO BE HEALTHY, TO GROW

GOALS FOR SESSION

1. To promote wellness and growth in children.

2. To provide children with information about nourishment.

3. To give children ideas about foods they can make themselves to eat.

4. To help children realize they should eat food when they are hungry.

5. To help develop a child's independence and self-confidence.

6. To promote a child's abilities and competence.

ACTIVITIES

Welcoming Activity

Objective

To promote a child's sense of belonging to the support group.

Materials Needed

Book: *Little Al*, a coloring book by Alcohol Research Information Services (Aris) 1984, 1120 East Oakland Ave., Lansing, MI 48906; cost $.50.

Procedure

Re-read the storybook about Little Al to the children. Ask, "What were some of those good things for the body? What were some of those bad things for the body? Can we stop adults from drinking alcohol? NO. Is it our job? NO. But is it our job to take care of ourselves? YES."

Comments

"Today we are going to talk about another way to take care of our bodies and be healthy and grow strong."

Story

Objective

To give children information about food for nourishment. To promote responsibility and help children feel self-confident about foods.

Materials Needed

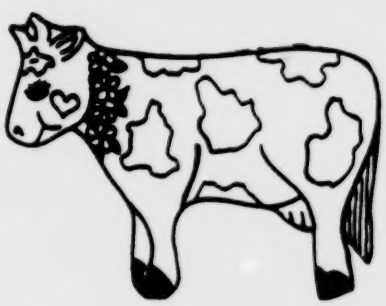
Book: *I Want to Be Healthy*, by Sandy Morgan, published by Challenge Productions, Inc., 1987.

Procedure

Read *I Want to Be Healthy*. Be sure children are involved in the story. Have them actively participate and add ideas. "Is our body talking to us when we **feel** hungry? How do you feel when you are hungry? We are learning to listen to our feelings about ourselves." Tell the children, "An important way for you to stay healthy is to eat food **when you are hungry**." Talk about food.

Comments

Ask what they eat at home. Allow lots of opportunities for talking. Ask who cooks at their house. Ask, "Have you ever made your own dinner? What can we do when nobody cooks?"



Hands-on Activity

Objective

To help children become more aware of food in a positive way. To promote a child's abilities and confidence.

Materials Needed

Enough ingredients for a food experience for every child, such as peanut butter sandwiches or celery stuffed with peanut butter.

Procedure

"Today we are going to make a peanut butter sandwich. Peanut butter sandwiches are very healthy." Allow each child to make a sandwich.

While the children eat their peanut butter sandwiches, discuss other choices. "What could we fix and eat all by ourselves at home? We could eat a plain piece of bread or maybe some crackers."

After they eat, remind them they must be responsible and clean up after themselves. "In preschool or day care we must clear off our table, scrape our plates, rinse our glasses, and wipe off the table. At home we can do the same thing, clean off our table, scrape our plates, rinse our glasses, and wipe off the table." Talk about each task as the children experience it.

Comments

Discuss dangers of bad food or non-edible things in the kitchen. "Stoves are dangerous. They get hot and can burn our hands. Sometimes there may be broken glass in our kitchen. Please be very careful. Always close the refrigerator doors. Do NOT leave them open."

Reinforcement Activity

Objective

To make children aware of healthy foods and drinks for their bodies. To help them recognize those things that are unhealthy for the body.

Materials Needed

The page, *What Makes Me Healthy*, found at the end of this chapter; copy enough pages for every child to have one

Crayons

Markers

Procedure

The facilitator talks to children about healthy foods and drinks. The facilitator identifies every picture on the paper before giving one out to each child. Children are asked to put a big X on only the healthy things for the body to eat or drink.

Comments

Discuss with the children what things they did not choose to put an X on. Coke, soap, wine, cigarettes and coffee. Ask why the child did not choose these. End by saying to the children, "Some foods and drinks help us to grow and be healthy. Some foods and drinks have nothing in them good for the body."

Closure Activity

Objective

To promote wellness and growth in children.

Procedure

Stand up, form a circle and hold hands. Say, "I'm very pleased with how strong you're growing and how healthy you're becoming (an affirmation of strength). You are all so very special. Thank you for coming."

Sing this song to the tune of "Are You Sleeping?" or "Frere Jacques":

I can be healthy
I can be healthy
Yes, I can
Yes, I can
I can be very healthy
I can be very healthy
Yes, I can
Yes, I can

Parent Involvement

Procedure

Send home to parents "Home Talk" #9.

Other Suggested Activities

1. Your state Dairy Council may have coloring books for all the children.

2. Make vegetable puppets and make up a story.

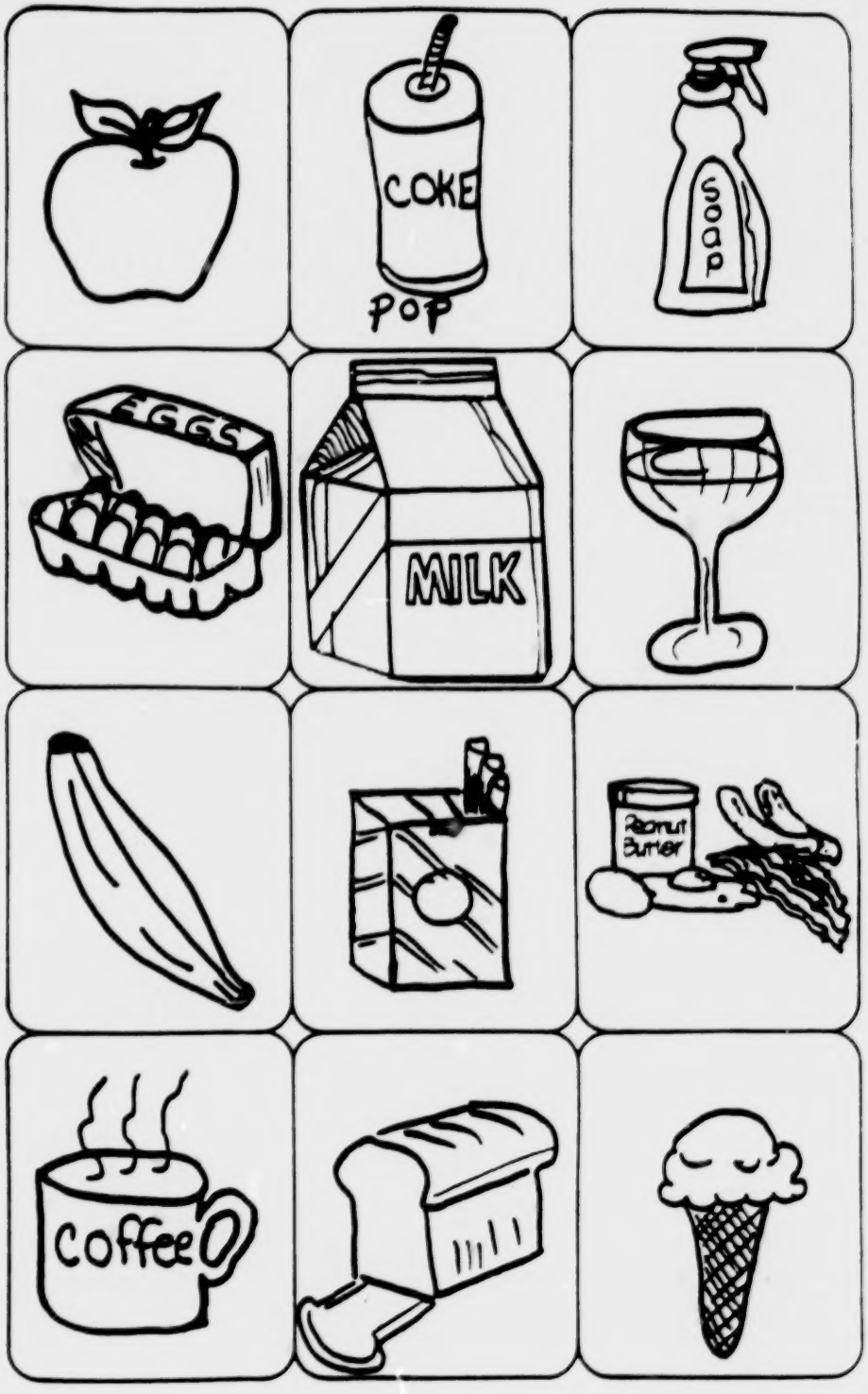
3. Have a parent make a poster of foods and ask the children to identify them.

4. Provide additional simple foods children can prepare on their own.

5. Play a game from *Vegetable Magic*, by Michele Palmer, published by University of Connecticut, 1981.

Make Your Own Notes Here

What Makes Me Healthy?



Home Talk

Today _____ learned the following
(name of child)

about

FOOD

[ ] We read a storybook called, *I Want to be Healthy*.

[ ] I learned that another way to take care of myself is to eat food when I'm hungry.

[ ] I can make a peanut butter sandwich.

[ ] I can clean up after myself.

Please help your child learn to make a sandwich or to get a bowl of cereal. Children **CAN** be responsible for a meal **if** you keep something on hand. Peanut butter, bread, crackers, milk and cereal.

CHILDREN NEED FOOD TO BE HEALTHY, TO GROW STRONG

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HEALTHY QUICK SNACKS

Parents: Young children all seem to enjoy snacks. Providing healthy snacks is a good idea. Children's stomachs are small and their energy levels are usually high. Therefore they need to eat more often than adults. Here are some quick snack ideas.

- Yogurt
- Cheese slices
- Tuna fish sandwiches
- Peanut butter and apples
- Peanut butter and celery
- Peanut butter and bananas
- Peanut butter and crackers

Try to include a protein food with the snacks. Protein foods include dairy products, meat, fish, poultry, and peanut butter.

Here is Head Start's famous *Peanut Butter Bar Recipe* — the kids love them! (So do adults!)

1 cup peanut butter
1/4 cup dry powdered milk
2 tablespoons honey
1/2 cup Rice Krispy cereal
2 tablespoons sunflower seeds (optional)

1. Mix all ingredients together
2. Roll onto a large cookie sheet 1/2 inch thick
3. Cover, refrigerate to store (these can be frozen to keep until you want to serve them).

Here's another great recipe for kids who like finger foods:

Peanut Butter & Jelly Squares

2 envelopes unflavored gelatin
1 cup boiling water
1 can (6 oz) unsweetened frozen grape juice concentrate (Undiluted)
1/4 cup peanut butter

1. Mix unflavored gelatin and boiling water; stir until gelatin dissolves.
2. Add grape juice concentrate and continue stirring until melted.
3. Add peanut butter; beat with a wire whip until blended (may use a mixer).
4. Turn into 8" x 8" pan and chill until firm. Cut into squares to serve.

Compiled by Teresa Schmick

SESSION X — SAYING GOOD-BYE

SAYING GOOD-BYE

Whoever coined the phrase "Good-bye"? Sometimes when I've said it I've felt so awful — I thought it should be "Bad-bye" or "Terrible-bye" or "Unhappy-bye."

But then I got to thinking
If leaving was making me blue
The time I'd spent was special
Because it was spent with you.

It's often very difficult
To see something we love end
Like school, or work, or play
Or a date with a dear friend.

Often, it's necessary to use "Good-bye"
As a signal we need to sever
And comforting to each one of us
The parting's not forever.

by Mary Whalen

GROUP FACILITATOR NOTES

Session X is the closure of the group. Some children may anticipate more and may feel it premature to close. But closure to the group is healthy for those who have worked very hard on their issues. The group facilitator will deal with the issues of separating for themselves as well as the children. Encourage the children in new directions. Children can be reminded that their teachers know they have been in this special group and they can talk to their teachers. They can talk to their friends who have been in group and they can ask for you to come back, if that's a possibility.

The four-year-olds in the group should have some new learning about their abilities to cope and survive in a better way. This special group has specifically been designed as a growth group for the children, and as such their social skills will have increased. They will also have an increased sense of acceptance in the classroom environment.

In this session they will remember all the activities they have participated in and discuss them. The closing exercise specifically is another kind of self-esteem exercise. The understanding that the children have gained about their problems and the fact that these problems are shared by the group will help them enjoy the gift of the magic box.

As the group comes to closure, the group facilitator will begin to see whether or not the humanizing qualities of concern, compassion, caring, responsiveness and friendship have helped the participants build the competencies they needed.

In looking at the group's growth and changes you may find that in general if you have served ten children in group, you may wish to refer three of the children on to mental health services. Once group has ended, these children will need more support. The services may be the mental health services offered in your preschool classroom or you may need to refer to other appropriate agencies in your community. Out of the same ten children, you may see three who with the support of the group and with answers to unasked questions and expectations are doing well and can drop the group. The

remaining core group of the children will need some regular, on-going support from the classroom, possibly even a few follow-up sessions with opportunities to talk and share.

As the group facilitator you are the primary person responsible for promoting learning that happens during the course of the group. It is important for you, as the group facilitator, to develop a community resource guide for parents and staff.

You may also want to send a closure letter to parents and if possible contact them for their evaluation and/or questions that may have risen from the HOME TALK pages. Personal contact with the parents is the effective way to get feedback.

CHILDREN NEED TO BE GIVEN A

MESSAGE OF THE FUTURE

GOALS FOR SESSION

1. To provide closure to the support group.

2. To reassure children that if they want to continue to talk about alcohol issues, they can do so with their teachers.

3. To give children opportunities to review all the tools provided in the group.

4. To give children a message of hope and to encourage them to talk about the future.

ACTIVITIES

Welcoming Activity

Objective

To promote a sense of belonging. To share with the children what the group is about today.

Procedure

Stand up, form a circle and hold hands. Say, "Today is the last day our special group will be meeting together. I am sad to say good-bye to our special group. What have we been learning about? What do you want to say?" Chant whatever the children suggest and let all who want to, suggest chants. Say to the children, "Last time our group got together we talked about being healthy and growing up stronger. Today we will talk about what we might like to be when we grow up."

Story

Objective

To give opportunities for children to talk about the future.

Materials Needed

Book: *Dreams - What I Want To Be*, by Sandy Morgan, Challenge Production, Inc. 1987.

Procedure

Tell the children it's fun to dream about what we want to be. Show them the story book, *Dreams*. Tell them it's a book about what we might like to grow up and become one day. Read the book to the children. Have the children participate in the reading by asking questions and making comments.

Comments

Tell the children it's good to think about being healthy and strong when we grow up and to dream about what we want to be when we grow up.

Hands-on Activity

Objective

To give children a good-bye gift.

Materials Needed

Shoe boxes: Decorate outside with wrapping paper

A mirror glued to the inside bottom of the box

A sample drawing of the shoe box is at the end of the chapter.

Procedure

Tell the children that today you are saying good-bye to each one of them and to the group. Tell the children you brought a good-bye gift for each of them. Say, "We have been talking about how very, very special each one of you are and my gift to you is a magic box. In this magic box is something very, very special. Let's all look in our magic boxes together."

Comments

"What do you see? You see you in the mirror! You're very, very special." Give some time for sharing and looking at their boxes.

Reinforcement Activity

Objective

To reassure children that if they want to continue to talk about alcohol issues, they can do so with their teachers, neighbors, church persons, aunt. To give opportunities for children to review all the tools provided in their groups.

Procedure

Then sit and begin. Tell the children you are sad to say good-bye to our special group, but they can talk anytime they want to their teachers and (name who else they can talk to like a neighbor, church person, aunt, policeman, store owner) and their special friends from group about alcohol or about how they are feeling. Remind them that they have warm fuzzies to cheer them up when they need it. Remind them of all the things you've talked about. Quickly review, yet give children the opportunity to respond to the remembering process. "Remember your angry pillows? Are you using them when you need to? Do you all remember to go to your room or your safe person when adults are fighting? You cannot stop it and you must not get in the middle of the fight. Remember about shaking your body out and breathing great big breaths? Remember about eating food when you're hungry?"

Comments

"I know that you are growing healthy and strong (an affirmation) because of our special group."

Closure Activity

Objective

To provide closure for groups.

Procedure

Let's all stand now, form a circle and hold hands and sing to the tune of "Are You Sleeping?" or "Frere Jacques":

Our group is special
Our group is special
Yes, we are
Yes, we are
Our group is very special
Our group is very special
Yes, we are
Yes, we are

Now we're saying good-bye
Now we're saying good-bye
Good-bye now
Good-bye now
Now we're saying good-bye
Now we're saying good-bye
Good-bye now
Good-bye now

Parent Involvement

Procedure

Send home to parents the "HOME TALK" #10.

Send home the Magic Boxes.

Send a closure letter and evaluation questionnaire to each parent who had a child participate in the support group. These may be found in the Parent Involvement Appendix.

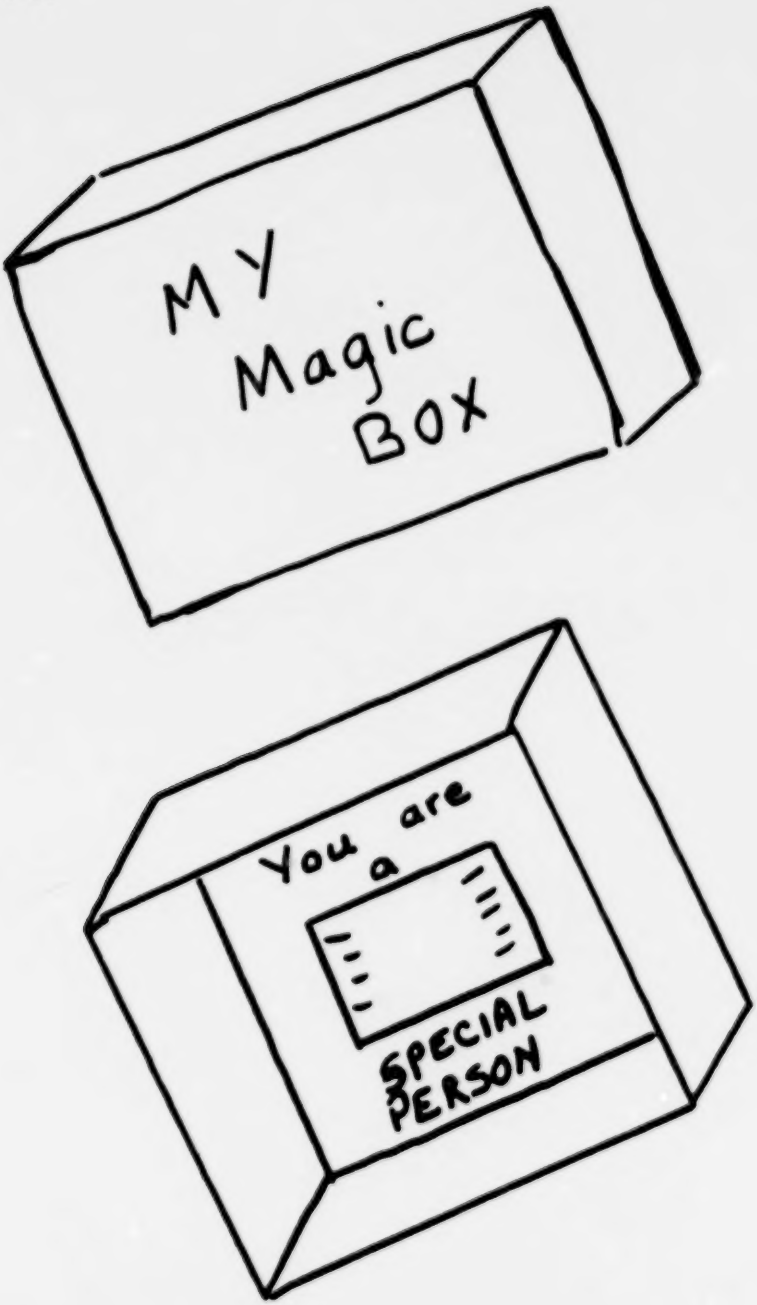
Other Suggested Activities

1. Have parents attend last session.

2. Have teachers attend the REINFORCEMENT activity.

Make Your Own Notes Here

ACTIVITY X



The Magic Box is a shoe box. It is covered with tissue wrapping paper and on the box is printed the words "magic box." Inside is a mirror and the words "You are Special."

Home Talk

Today _____ learned the following
(name of child)

about

SAYING GOODBYE

[ ] I talked about my feelings:

- Saying good-bye to my group.
- My warm fuzzies and positive messages.

[ ] I talked about remembering:

- My angry pillows.
- Safe places/persons in my life.

[ ] I listened to a story about "Dreams":

- What I can become ..... when I grow up.

[ ] I got a good-bye gift:

A MAGIC BOX

Please sit down and talk with your child about what he or she wants to be when grown. Have your child share the magic box with you.

CHILDREN NEED PARENTS TO ACT

LOVINGLY TOWARDS THEM

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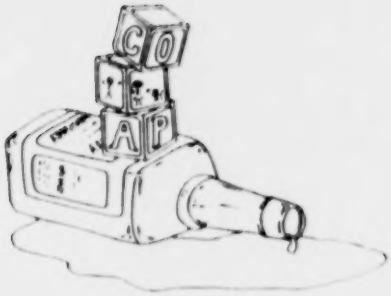


APPENDIX A

FACILITATOR'S GUIDE

What Is Alcoholism?

Fact Sheet — National Children of Alcoholics

The Model of a Circle

Classroom Observational Chart

Significant Findings

WHAT IS ALCOHOLISM?

Alcoholism is a complex problem. It exists in homes with families, in business and industry and in public activities. It has symptoms that can be recognized. It is an obscene drug and psychologically it has no redeeming qualities.

Medical Model — The American Medical Association defines alcoholism as *an illness characterized by preoccupation with alcohol and loss of control over its consumption such as to lead usually to intoxication if drinking is begun; by chronicity; by progression; and by tendency toward relapse. It is typically associated with physical disability and impaired emotional, occupational, and/or social adjustments as a direct consequence of persistent and excessive use.*

In short, alcoholism is regarded as a type of drug dependence of pathological extent and pattern, which ordinarily interferes seriously with the patient's total health and his adaptation to his environment. (Manual On Alcoholism of the American Medical Association, 1967) If drinking continues the prognosis is death.

Alcoholism Is More Than Drinking To Excess

Social Drinkers — Approximately 80 million people in the United States are categorized as social drinkers. That means that alcohol is unimportant to them; however, statistics indicate that one out of every 16 who drink will suffer alcoholism.

Warning Signs — The individual begins to drink more frequently and to drink more than his associates. He drinks for confidence or to tolerate or escape problems. No party or other fun is complete without a *couple of drinks.*

Early Alcoholism — With increasing frequency the individual drinks too much. "Blackouts," or temporary amnesia, occur during or following drinking episodes. He drinks more rapidly than others. He sneaks drinks and in other ways conceals the quantity that he drinks; and he resents any reference to his drinking habits.

Crucial or Basic Phase of Alcoholism — The individual begins to lose control as to time, place, and amount of his drinking. He gets drunk when he did not intend to. He hides and protects his liquor supply. He drinks to overcome the hangover effects of his prior drinking. He tries new patterns of drinking as to time, place, and when he drinks. He attempts cures by moving to new locations or by changing his drinking companions.

Chronic Alcoholism — The individual becomes a *loner* in his drinking. He develops alibis, excuses and rationalizations to cover up or explain his drinking. Personality and behavioral changes occur that adversely affect all relationships — family, employment, community. Extended binges, physical tremors, hallucinations and delirium, complete rejection of social reality, malnutrition with accompanying illness and disease — and an early death, all occur as chronic alcoholism.

OFFICE OF ALCOHOLISM
DEPT. OF SOCIAL AND HEALTH
SERVICES MS OB 44W
OLYMPIA, WASHINGTON 98504

FACT SHEET — NATIONAL CHILDREN OF ALCOHOLICS

The National Association for Children of Alcoholics has established the following facts:

- An estimated 28 million Americans have at least one alcoholic parent.
- Children of alcoholics (COAs) are at the highest risk of developing alcoholism themselves or marrying someone who becomes alcoholic.
- Medical research shows that children born to alcoholics are at the highest risk of developing attention deficit disorders, stress-related medical problems, fetal alcohol syndrome and other alcohol-related birth defects.
- In up to 90% of child abuse cases, alcohol is a significant factor.
- Children of alcoholics are frequently victims of incest, child neglect, and other forms of violence and exploitation.
- COAs often adapt to the chaos and inconsistency of an alcoholic family by developing an inability to trust, an extreme need to control, an excessive sense of responsibility and denial of feelings, all of which result in low self-esteem, depression, isolation, guilt and difficulty maintaining satisfying relationships. These and other problems often persist throughout adulthood.
- COAs are prone to experience a range of psychological difficulties, including learning disabilities, anxiety, attempted and completed suicide, eating disorders and compulsive achieving.
- The majority of people served by Employee Assistance Programs are adult COAs.
- The problems of most COAs remain invisible because their coping behavior tends to be approval seeking and socially acceptable. However, a disproportionate number of those entering the juvenile justice system, courts and prisons, mental health facilities and referred to school authorities are COAs.

THE MODEL OF A CIRCLE

The idea of a circle of power is described movingly in John Neihardt's *Black Elk Speaks*:

> "In the old days when we were a strong and happy people, all our power came to us from the sacred hoop of the nation, and so long as the hoop was unbroken, the people flourished. The flowering tree was the living center of the hoop, and the circle of the four quarters nourished it. The East gave peace and light, the South gave warmth, the West gave rain, and the North with its cold and mighty winds gave strength and endurance. This knowledge came to us from the outer world with our religion. Everything the power of the world does is done in a circle. The sky is round like a ball, and I heard that the earth is round like a ball, and so are all the stars. The wind in its greatest power, whirls. Birds make their nests in circles, for theirs is the same religion as ours. The sun comes forth and goes down again in a circle. The moon does the same, and both are round. Even the seasons form a great circle in their changing, and always come back again to where they were. The life of a man is a circle from childhood to childhood, and so it is in everything where power moves. Our tepees were round like the nests of birds, and these were set in a circle, the nation's hoop, a nest of many nests, where the great spirit meant for us to hatch our children."

Strong groups have this power.

From *Black Elk Speaks*, by Neihard, John G., Lincoln: University of Nebraska Press, 1979.

CLASSROOM OBSERVATIONAL CHART

Directions for Use in the Classroom

This chart was developed to aid the classroom in the referral process of children to mental health services.

The behaviors characteristic of children in alcoholic homes meet many of these criteria. This checklist could be used in a before and after support group evaluation for children to determine further referral to mental health services.

Developed in Committee
Chairperson & Advisor, Lynette Hays

Internal Referral Criteria Checklist for Classroom

A. Inability to build or maintain satisfactory interpersonal relationships with peers or adults.

	Often/ Always	Rarely Never
1. Avoids playing with peers		
2. Problems playing alone or with others; i.e., excessive fighting, manipulation, controlling, withdrawing, victimizing		
3. Requires adult intervention		
4. Separation anxiety accompanied by other behavior concerns		
5. Avoids or is easily frightened by adults		
6. Unable to share adult attention with others		

B. Inappropriate behavior in relation to child's developmental level or cultural background under usual circumstances.

1. Dangerously aggressive and abusive toward others		
2. Self destructive/self critical		
3. Withdrawn		
4. Unresponsive when addressed		
5. Does not initiate communication		
6. Unable to follow requests of limitations		
7. Displays inappropriate verbalization; i.e., crying, screaming, whining, threatening, complaining, lying, swearing, verbal abuse toward others		
8. Inappropriate self-stimulator behavior		
9. Verbal and/or overt sexual expression; i.e., seductiveness, excessive knowledge		
10. Inappropriate treatment of excretions		
11. Inappropriate facial and body expressions; i.e., tics, grimaces		
12. Perseverance of roles or behaviors		

C. A pervasive mood or behavior change — unhappiness, depression, anxiety or fear.

	Often/ Always	Rarely/ Never
1. Unexplained crying		
2. Mood swings		
3. Constant need for reassurance		
4. Clinging behaviors		
5. Anxious and nervous habits; i.e., nail biting, hand wringing		
6. Changes in behavior; i.e., eating patterns, energy level, sleeping patterns, overall change in affect		

D. Chronic physical conditions associated with personal, family or school situations.

1. Vomiting		
2. Stomach aches		
3. Headaches		
4. Eating patterns; i.e., overeats, picky eater		
5. Atypical bowel and urinary habits; i.e., wetting, soiling, constipation, diarrhea		
6. Skin disorders; i.e., hives, blotches		
7. Shortness of breath		

SIGNIFICANT FINDINGS

Identification

As we began to identify children to participate in our support groups, we found a much larger number than we anticipated and a larger number than we were able to serve. In each classroom of 18 children, we easily identified at least six who lived with an alcoholic parent. In some classrooms we found ten out of the 18 children needed support. We consider this a significant finding for our long-term follow-up services and programming.

Over the course of our grant we found a dramatic increase in the number of children who actually said they drank alcohol. Three years ago when we talked about alcohol, one child out of 18 would say, "I tasted that," and the other children would respond with, "Yuk!" or "Ugh!" This year many children said things like, "My dad is teaching me to drink," or "I get to drink with my mom!" Consistently, four or five out of 18 in a classroom said that they drank beer. We feel this has a significant effect on their health and welfare.

Permission

We originally thought that it would be difficult to obtain written permission slips from parents for their children to attend the support groups because alcoholic families are often in denial and because of their social isolation. However, we found that parents readily signed the permission slips. But they did not want to spend much time discussing the support group.

Alcohol, the Disease

In this session, children made a significant amount of disclosure about cocaine. Children who needed to, changed the word "alcohol" to "drugs" or "cocaine" or "coke." They used these words interchangeably without even realizing it and continued to do so throughout the sessions. This is significant for group facilitators who may be concerned that drugs

are a bigger issue than alcohol for children whose parents are multi-drug users. We found that children of substance abusers need to talk and will change the language to what they know.

Feelings

Children at age four were already stuffing anger. Since anger by children in the home of an alcoholic would certainly raise the children's risk for abuse, many of these children had decided not to allow themselves anger. These children then become managers of their feelings and build walls. Because of this, we believe that anger management is a MUST in this curriculum.

Classroom

It was significant to see the changes in children's behaviors. To see little "parents" play and laugh out loud, to have children begin to attend who had not been able to, to see quiet children become noisy, to get a voluntary hug from a rigid child. The delightful part of childhood gets lost so quickly when the child must attend to surviving rather than learning about living. To see the delightful part of the child shine through again is significant enough to hope that all programs begin to offer supportive services for children of alcoholics.

Residual

The group facilitator observed residual learning throughout the groups. Children were anxious to attend group. One group of children even got up and left their popsicle treats to attend their session! The teachers were amazed. Children enjoyed and remembered sessions and chants. It is significant to note that children in groups meeting once a week showed residual learning as did those that met on a daily basis.

Transference

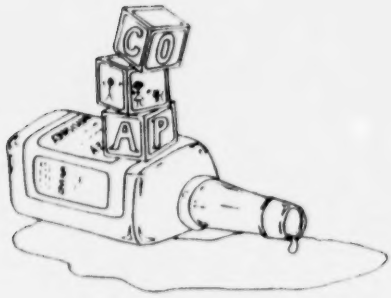
Near the end of one group a child's grandfather committed suicide. The child was very upset and wanted to talk to the group facilitator. The group facilitator met with her about an hour and talked about feelings, death and loss, then suggested she return to the classroom. Upon returning to the classroom the child gathered up the children from support group and wanted the group to meet. How exciting to see her transfer the purpose of the group to meet her needs, but also for her to be able to identify peers who could meet that need for her.

Language

Children served in COAP support group had a language unique to their group. Children used the term "drink and die" often. They were observed as identifying a number of events particular to the alcoholic issues in a home. For example, children said when there's beer and wine at the party they drink it **all**. Dads and moms can go in the bar but not children.

Children served in COAP support groups reported a higher incidence of knowledge of cocaine than ever before reported to teachers or the project coordinator. Children served in COAP support groups reported a higher number of guns in homes than ever before reported to teachers or the project coordinator.

All of these findings are a matter of grave concern to the health and welfare of children and to the long-term follow up on issues of alcohol for children. We must commit ourselves to learning more and to serving children in areas of their lives where they need us most. As group facilitators evaluate their groups, it will help us to understand the issues that these children must cope with on a day-to-day basis.



APPENDIX B

PARENT INVOLVEMENT HANDOUTS

A Letter to Parents

Permission Slip

Home Talk Pages

Closure Letter

Parent Evaluation Letter

Parent Evaluation Phone Script

A LETTER TO PARENTS

This is a sample parent letter that was used as a cover letter to the written permission slips parents signed for their child to attend group. Individual contact was made with every parent. This is simply an in-hand letter to accompany the permission slip.

Dear _____:

In the coming weeks, I will be conducting a small support group for selected children. Our small group will talk about alcohol, feelings, anger, safety, nutrition, relaxation and self-esteem. This program is federally funded so you will be asked to please sign a permission slip for your child to participate. Our group will meet approximately 30 minutes (during regular class time) for ten sessions. I will send home a note after each session to let you know what we are learning. I hope that you will become involved by talking and listening to your child. Please let me know if you'd like to be a part of group.

Please feel free to call your Parent Service Worker/teacher if you have any questions. I would also be most happy to talk/meet with you.

Thank you.

Sincerely,

Group Facilitator

PERMISSION SLIP

In our Children of Alcoholic Parents (COAP) support groups we decided that it was important to have written permission slips for children to participate in group. By giving permission to have a child in this group a parent is aware that alcohol will be talked about and it opens up the doors for further conversation with the facilitator or questions about alcohol.

PERMISSION SLIP

Child's Name:_____
(Last) (First) (Middle)

Birthdate:_____ Room#/Option:_____

Address:_____

_____

Parent or Legal Guardian:_____

I hereby authorize _____ to participate in the Children of Alcoholics Support Group.

Attention:_____
(Group Facilitator's Name)

Signed:_____
(Parent)

Witness:_____
(Teacher, Social Worker, Group Facilitator)

Date:_____

Home Talk

Today _____ learned the following
(name of child)

about

ALCOHOL

[ ] There are good things and there are bad things for the body to drink:

- Milk, water and juice are good to drink.
- Alcohol is found in beer, wine and liquor and it has **nothing** the body needs.
- Alcohol is NOT good for people's bodies.

[ ] Some people drink too much alcohol and get sick.

[ ] Children should NOT drink alcohol.

Please help your child by letting your child talk about alcohol at your house.

YOUR CHILD NEEDS TO TALK

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Home Talk

Today _____ learned the following
(name of child)

about

FEELINGS

[ ] I listened to a storybook about feelings. It is called, *You and Me.*

[ ] I began to learn about the feelings happy, sad, mad and afraid.

[ ] I made a happy and mad puppet.

[ ] I learned that it is hard to talk about feelings.

Please help your child to say how he/she feels by encouraging the phrase,

"I feel_____ when _____
(happy, sad, mad or angry) (name the event)

because _____."
(name what happens)

Example: "I feel happy when I eat ice cream because it tastes good."

YOUR CHILD NEEDS TO LEARN THAT ALL FEELINGS,

INCLUDING HAPPY AND MAD FEELINGS, ARE OKAY.

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Home Talk

Today _____ learned the following
(name of child)

about

ANGER

[ ] Do I know when I am getting angry?

[ ] How does that feel?

[ ] What can I do?

[ ] Today I learned to hit a pillow and **NOT** my brother or sister or parents or other people.

This is what I learned:

1. That I could hit a pillow when I'm angry.
2. I can talk about why I am angry: maybe I am afraid or maybe I am hurt. Please ask me.
3. There is BIG anger and LITTLE anger.

I have my own pillow now — Can you help me use it? Maybe you can just tell me to go in my room and use it when I am angry?

YOUR CHILD NEEDS TO GET ANGER OUT

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Home Talk

Today _____ _____ learned the following
(name of child)

about

SELF-ESTEEM

[ ] What is a nice message from someone?

1. I learned how to give myself a "warm fuzzy" message. The "warm fuzzy" is a little fuzzy pom-pom.
2. I am learning to trust my feelings.

[ ] Who makes me feel special? Who is my friend?

1. I practiced telling my friend at school something nice.
2. We sang a song, "I am Special."

Please help your child feel special:

1. By being generous with hugs and smiles.
2. By encouraging your child to learn new skills.
3. By listening to your child talk.
4. By giving your child positive messages.
5. By helping your child identify friends.
6. By asking your child about their "warm fuzzies" (pom-poms).

YOUR CHILD NEEDS LOTS OF ENCOURAGEMENT

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Home Talk

Today _____ learned the following
(name of child)

about

FAMILIES

[ ] I listened to a storybook called, *A Family is a Circle of People Who Love You*, by Doris Jasinek and Pamela Bell Ryan, Comp Care 1988.

[ ] I learned about families .....

1. In some ways families are the same — They need food, clothing, and places to live.
2. In some ways families are different — They use different food, clothing and different kinds of houses.

[ ] I made a picture for our family.

Help your child feel that he or she belongs in the family. It might be fun to look at your family pictures or talk about your family customs. You might like to start a family album. A family album could have pictures, birth records, marriage certificates, awards, family menus for holidays, calendars of special events, pictures children have made and much more. Family albums can be fun to make.

FAMILIES ARE SPECIAL

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Home Talk

Today _____ learned the following
(name of child)

about

PERSONAL SAFETY

Today I learned that I need

[ ] A safe place in my home.

[ ] A safe person that your child can call.

[ ] How to use _____ the emergency number.

[ ] We made an activity box to play with in our own room.

[ ] We learned we must be responsible for our activity box.

Please help your child to be safe ..... Children need to know they are **NOT** responsible for adults, but they **CAN** be safe.

YOUR CHILD HAS A RIGHT TO FEEL SAFE AND STRONG

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Home Talk

Today _____ learned the following
(name of child)

about

RELAXATION

[ ] Today I listened to another story about alcohol.

[ ] I got a teddy bear to practice talking to about my feelings.

[ ] I learned to listen to my heart.

[ ] I learned to shake out my body and relax.

Please help your child relax. Encourage exercise. It is healthy for the body.

YOUR CHILD CAN LEARN HOW TO RELAX

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Home Talk

Today _____ learned the following
(name of child)

about

I AM SPECIAL

[ ] I listened to a storybook called, *I'm Somebody Special*.

[ ] I learned how we are all alike and yet different
- ♦ hair, eyes, hands, etc.

[ ] I made "thumbprint" pictures.

- ♦ Do you know everyone has a different thumbprint?
- ♦ I looked through a magnifying glass at my friends' thumbprints and my own.
- ♦ I sang "I Am Special."

Help your child feel understood, included in the family and important. Listen and talk to your child.

YOUR CHILD NEEDS TO FEEL SPECIAL

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Home Talk

Today _____ learned the following
(name of child)

about

FOOD

[ ] We read a storybook called, *I Want to be Healthy*.

[ ] I learned that another way to take care of myself is to eat food when I'm hungry.

[ ] I can make a peanut butter sandwich.

[ ] I can clean up after myself.

Please help your child learn to make a sandwich or to get a bowl of cereal. Children **CAN** be responsible for a meal **if** you keep something on hand. Peanut butter, bread, crackers, milk and cereal.

CHILDREN NEED FOOD TO BE HEALTHY, TO GROW STRONG

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HEALTHY QUICK SNACKS

Parents: Young children all seem to enjoy snacks. Providing healthy snacks is a good idea. Children's stomachs are small and their energy levels are usually high. Therefore they need to eat more often than adults. Here are some quick snack ideas.

- Yogurt
- Cheese slices
- Tuna fish sandwiches
- Peanut butter and apples
- Peanut butter and celery
- Peanut butter and bananas
- Peanut butter and crackers

Try to include a protein food with the snacks. Protein foods include dairy products, meat, fish, poultry, and peanut butter.

Here is Head Start's famous *Peanut Butter Bar Recipe* — the kids love them! (So do adults!)

1 cup peanut butter
1/4 cup dry powdered milk
2 tablespoons honey
1/2 cup Rice Krispy cereal
2 tablespoons sunflower seeds (optional)

1. Mix all ingredients together
2. Roll onto a large cookie sheet 1/2 inch thick
3. Cover, refrigerate to store (these can be frozen to keep until you want to serve them).

Here's another great recipe for kids who like finger foods:

Peanut Butter & Jelly Squares

2 envelopes unflavored gelatin
1 cup boiling water
1 can (6 oz) unsweetened frozen grape juice concentrate (Undiluted)
1/4 cup peanut butter

1. Mix unflavored gelatin and boiling water; stir until gelatin dissolves.
2. Add grape juice concentrate and continue stirring until melted.
3. Add peanut butter; beat with a wire whip until blended (may use a mixer).
4. Turn into 8" x 8" pan and chill until firm. Cut into squares to serve.

Compiled by Teresa Schmick

Home Talk

Today _____ learned the following
(name of child)

about

SAYING GOODBYE

[ ] I talked about my feelings:

- Saying good-bye to my group.
- My warm fuzzies and positive messages.

[ ] I talked about remembering:

- My angry pillows.
- Safe places/persons in my life.

[ ] I listened to a story about "Dreams":

- What I can become ..... when I grow up.

[ ] I got a good-bye gift:

A MAGIC BOX

Please sit down and talk with your child about what he or she wants to be when grown. Have your child share the magic box with you.

CHILDREN NEED PARENTS TO ACT

LOVINGLY TOWARDS THEM

©1989 Leona DeMonnin

CLOSURE LETTER

Dear

As our COAP children's support group comes to a close, this note comes to say, I've enjoyed your child in my group. Each child is a unique person in her/his own special way. Weather and illness sometimes kept us separated, but it was always exciting to get back together.

In our ten sessions we covered

1) Alcohol (What is it?)
2) Feelings (especially happy and mad)
3) Anger management
4) Self-esteem — Who is a friend?
5) Families
6) Personal safety
7) Relaxation
8) Self-esteem — I am special
9) Nutrition
10) Magic boxes

I hope the handouts I sent home were helpful to you and kept you informed of our lessons.

Please feel free to call me if you have any questions. I can be reached at _____.

Best wishes,

Group Facilitator

PARENT EVALUATION LETTER

Evaluation of Children of Alcoholic Parents (COAP)

Dear

Our children's support group has now ended. I am asking your help in evaluating the group. Please take a moment to fill out this evaluation and return it to me. You could give it to the teacher, put it on my desk or mail it, whatever works best for you. Please don't worry about trying to put down things if you don't know. Just answer those you wish to. Thanks.

1. Please tell me your understanding of what the children's support group called COAP is.

2. Please give your comments about the following handouts you should have received:

   - Alcohol (what is it)
   - Feelings (especially happy and mad)
   - Anger management
   - Self-esteem — Who is a friend?
   - Families
   - Personal safety
   - Relaxation
   - Self-esteem — I am special
   - Nutrition
   - Magic boxes

3. Would you have liked to have been more involved in COAP? How do you see that happening?

4. If Head Start continued doing the children's support groups, what would you recommend we change? What should we keep the same?

5. Any other comments?

Thanks,

Group Facilitator

PARENT EVALUATION

Phone Script

Evaluation of Children of Alcoholic Parents (COAP)

Telephone Script:

Hello, I'm _____, and I've been working with the COAP group. It has ended and we are asking the parents to help us evaluate it.

1. Please tell me your understanding of what the children's support group called COAP is.

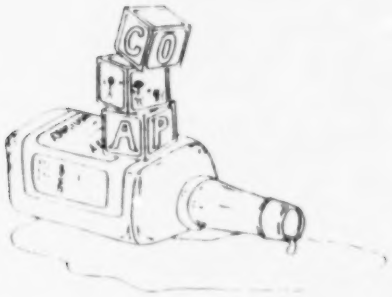
2. Please give your comments about the following handouts you should have received:

   - Alcohol (what it is)
   - Feelings (especially happy and mad)
   - Anger management
   - Self-esteem — Who is a friend?
   - Families
   - Personal safety
   - Relaxation
   - Self-esteem — I am special
   - Nutrition
   - Magic boxes

3. Would you have liked to have been more involved in COAP? How do you see that happening?

4. If Head Start continued doing the children's support groups, what would you recommend we change? What should we keep the same?

5. Any other comments?

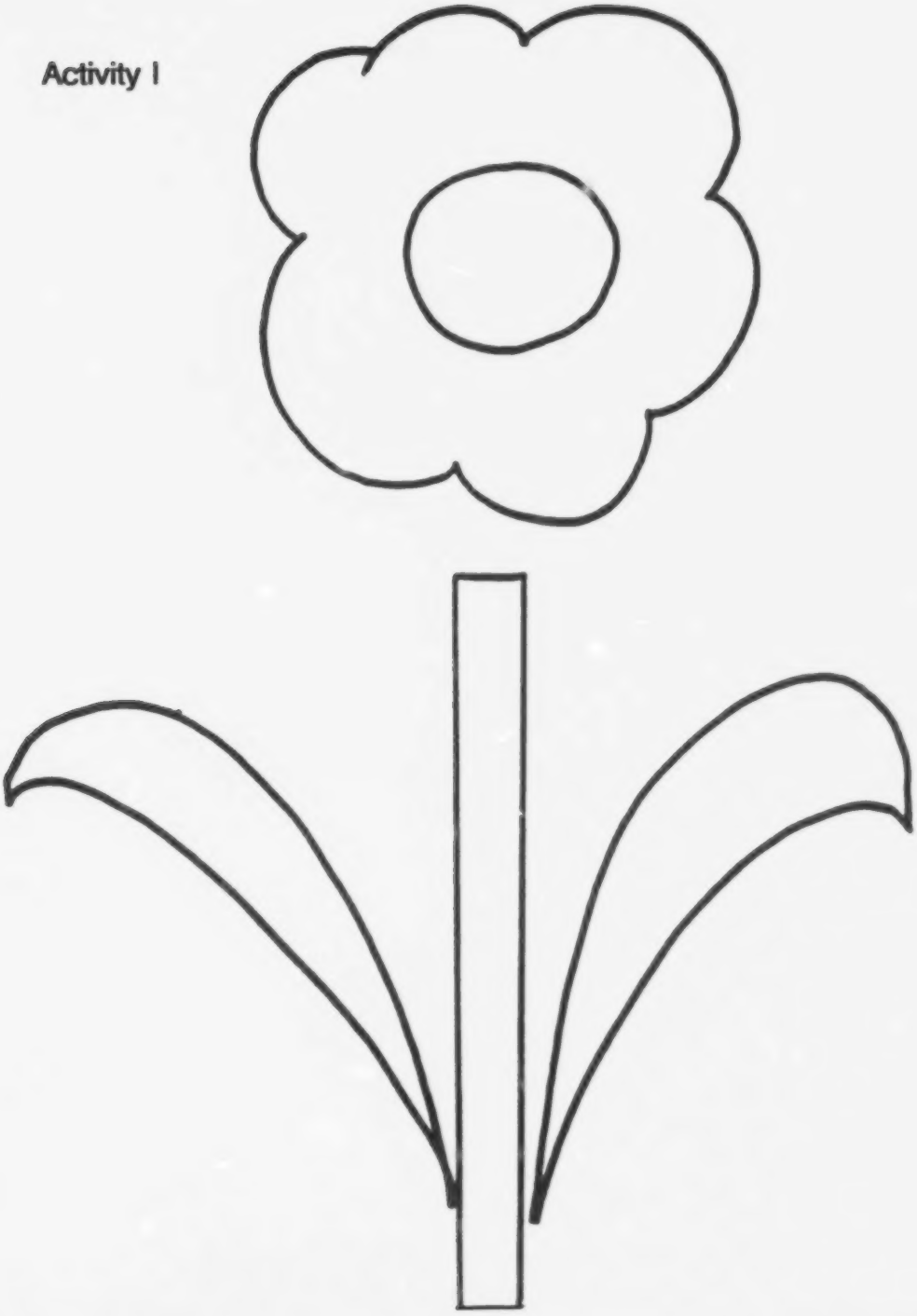


APPENDIX C

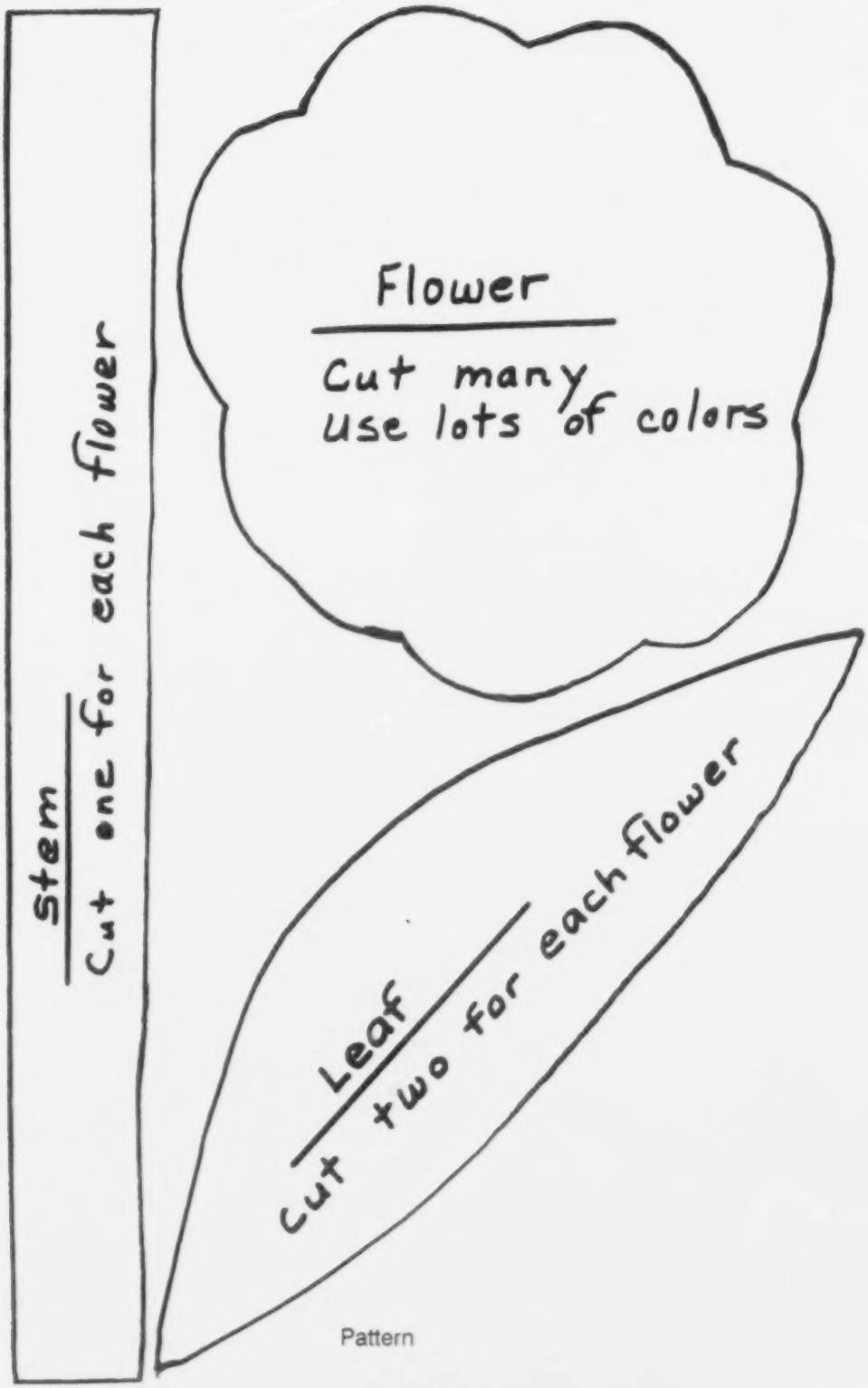
ART ACTIVITIES

Activity I
Activity II
Talking Anger Out
Activity V
Activity VI
What Makes Me Healthy?
Activity X

Activity I

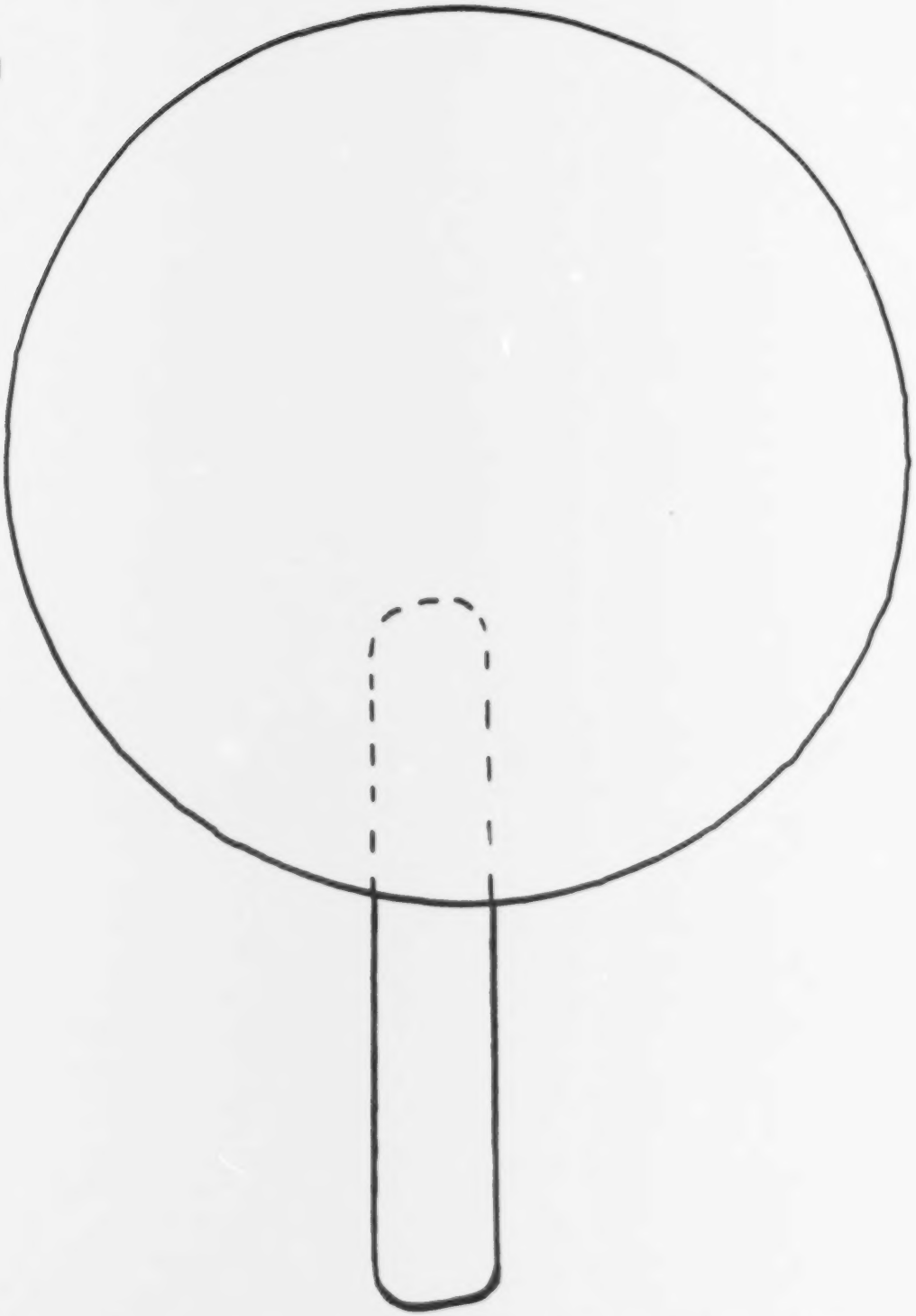


Pattern parts for this flower may be found in the back in the Art Appendix.
Please provide the parts in a variety of colors.
Have children glue the parts on a blank sheet of paper.


Stem
Cut one for each flower
Flower
Cut many
use lots of colors
Leaf
Cut two for each flower

Pattern

Activity II



Make a paper plate puppet with two sides. Use a tongue depressor for a handle. Glue the tongue depressors between the paper plates. Circles could be cut from heavier paper to use in place of plates. Children will draw the faces for the puppets.

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"Talking" Anger Out

Puppets: Shared by Sherrill Richarz, Ed.D.

Instructions for Yarn Puppet

Materials: Scraps of yarn, knitting needles size 7, 8, or 9, about size 5 crochet hook, yarn needle, cotton, tiny buttons, embroidery thread, felt, etc.

Body and head: Cast on 10 stitches on knitting needles, knit one row, purl 1 row, repeat rows 1 and 2 until you have approximately 20 to 25 rows, depending on how long you want your puppet. Leave about 1 foot of yarn attached to work, thread a needle with this thread and take your stitches off the needle by running the yarn through each stitch before removing it. Draw up tightly and knot. With the remaining yarn sew up the sides. Stuff the head area with cotton, run a draw string around the neckline to pull the neck into shape.

Arms, tail, and ears are made with the crochet hook.

Arms: Using a double strand of yarn, catch into the location on the body, chain 5 stitches, in each of these chain stitches single crochet one stitch. Hopefully, you are now back at the body, catch into the body and tie off.

Rounded Ears: Using a double strand of yarn, single crochet into the body two stitches, single crochet three stitches into these two. Tie off.

Pointed Ears: Using a double strand of yarn, single crochet into the body 3 times, 2 single crochet stitches into these three stitches, and one single crochet into the two. Tie off.

Tail: Catch onto the body and chain stitch as long a tail as desired. Use two yarns for a thicker tail.

Face: Embroider faces with colored yarn.

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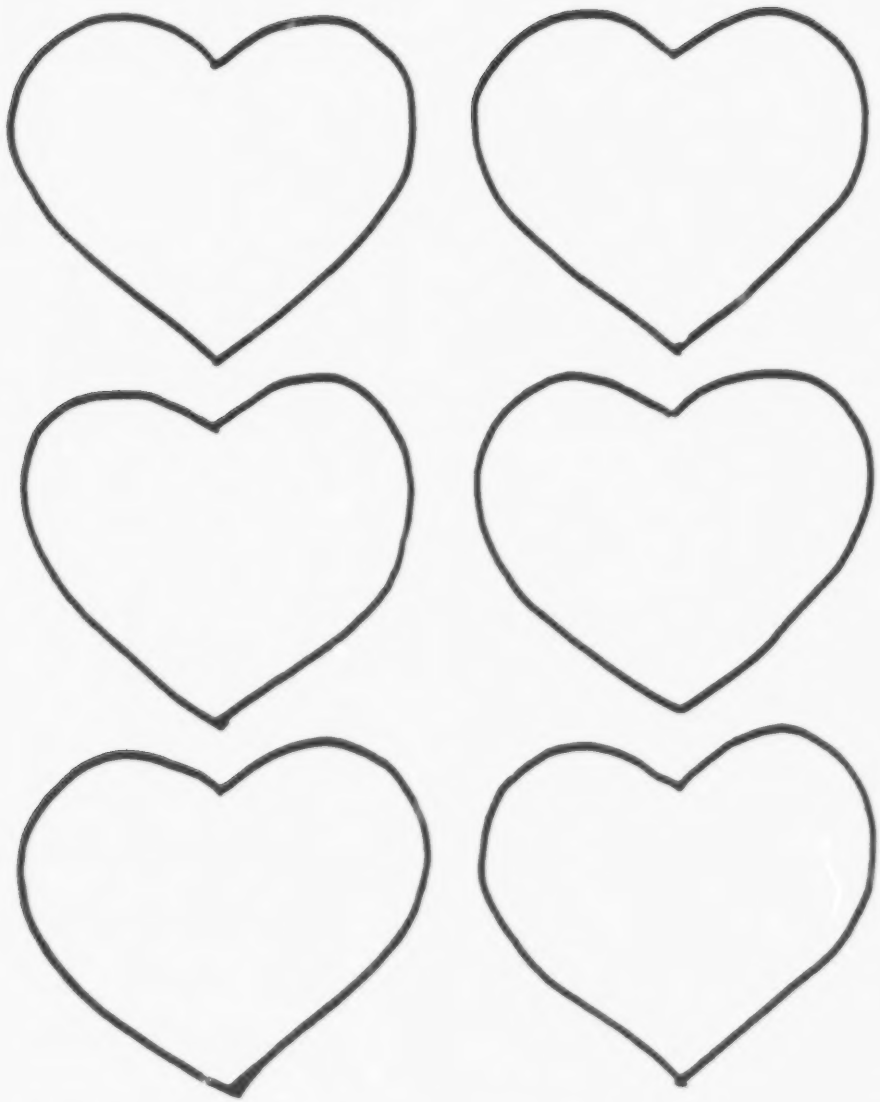
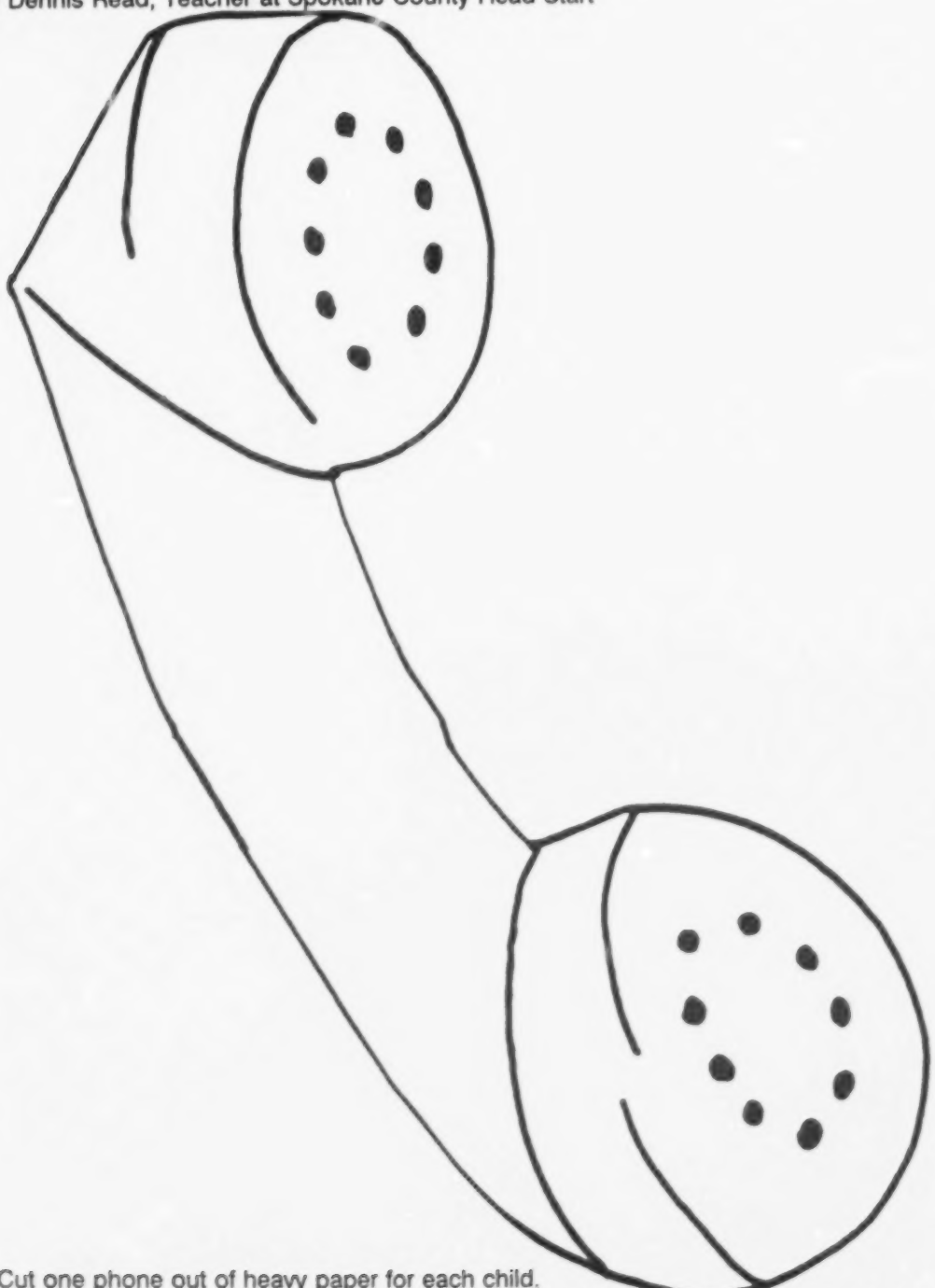
Activity V



A GIFT OF LOVE
Cut many, many hearts of many colors
Have children glue them on a plain piece of paper to make a collage to take home

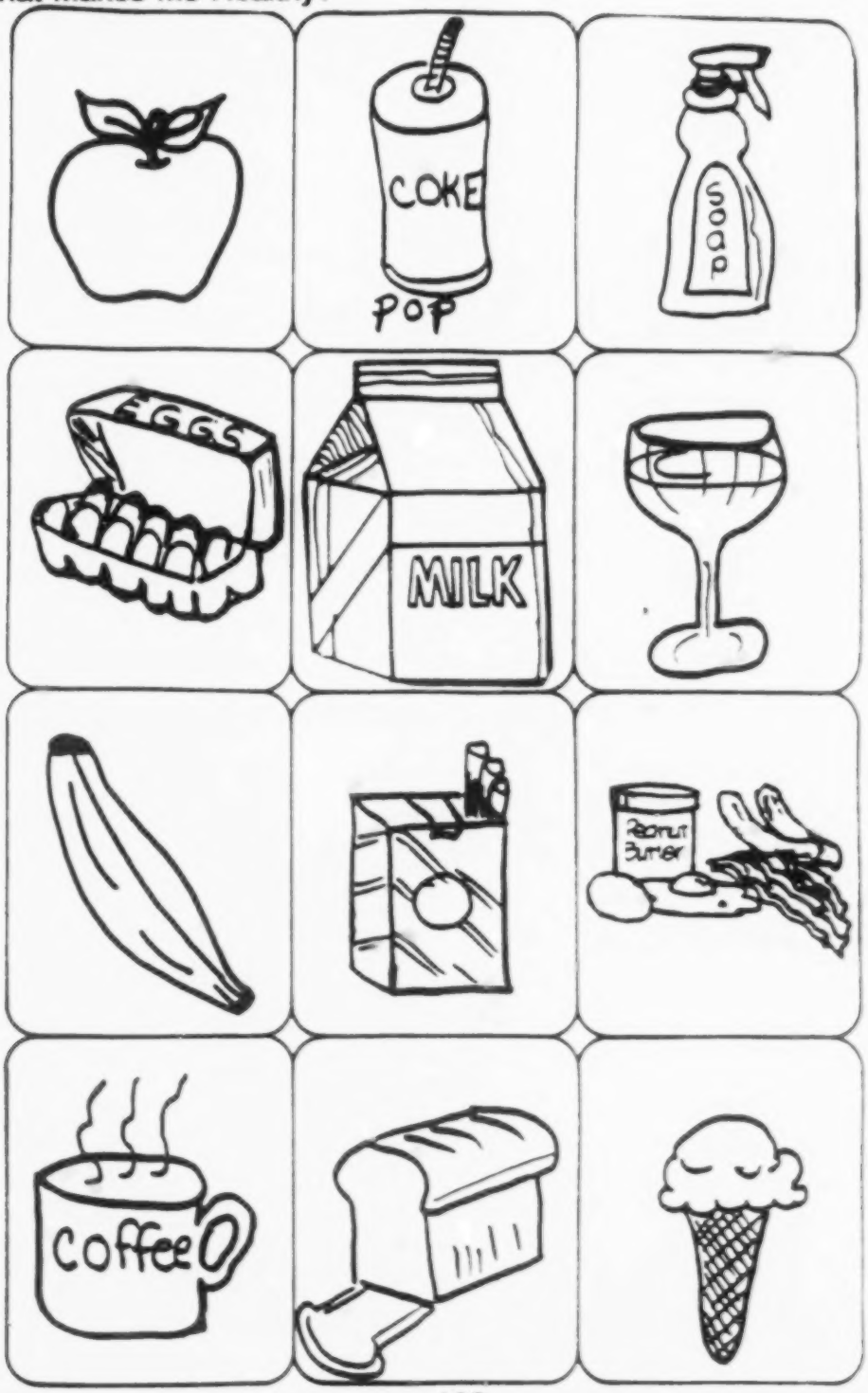
Activity VI

By Dennis Read, Teacher at Spokane County Head Start



Cut one phone out of heavy paper for each child.
You can either draw the receiver and talking ends right on the phone or cut out circles and paste them on.

What Makes Me Healthy?



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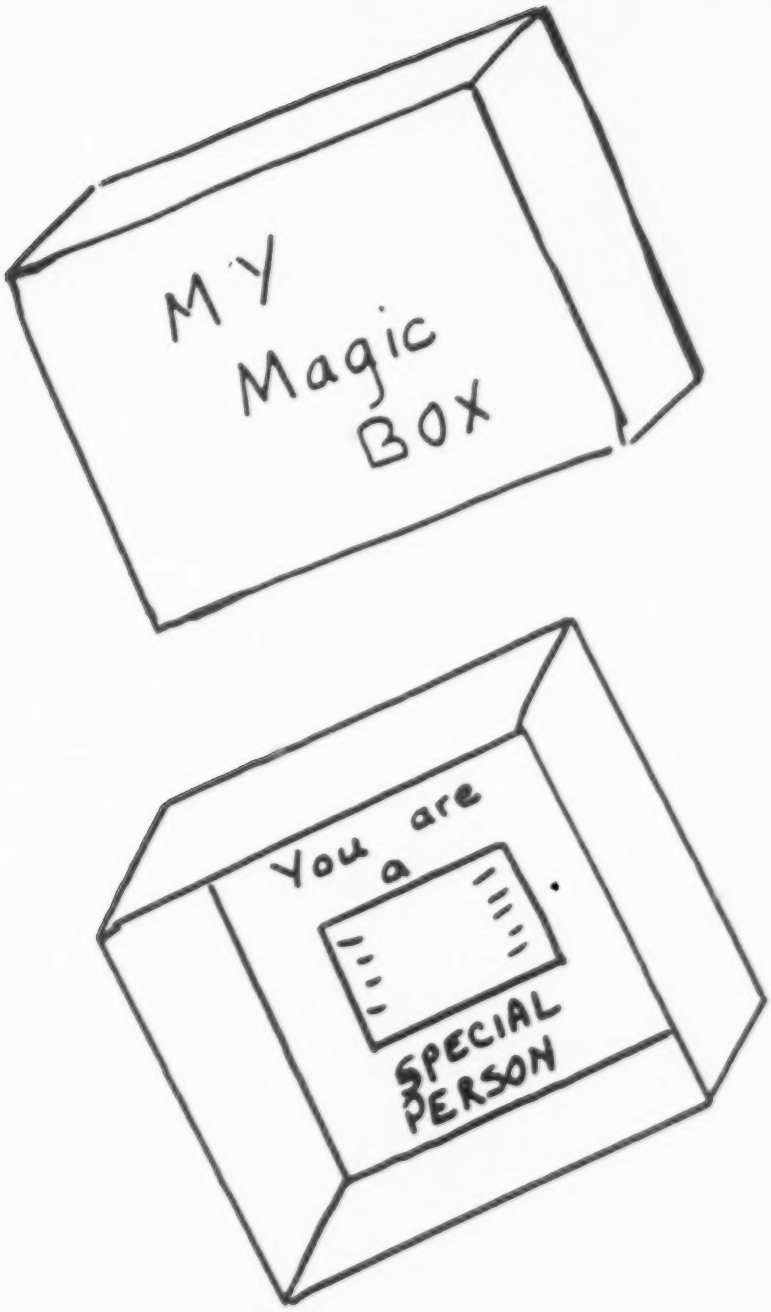
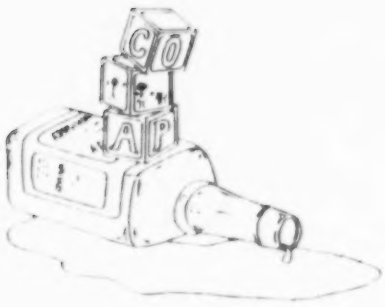
ACTIVITY X



The Magic Box is a shoe box. It is covered with tissue wrapping paper and on the box is printed the words "magic box." Inside is a mirror and the words "You are Special."



APPENDIX D

RESOURCE INFORMATION

National Resource Materials

Telephone, Toll-Free Resource Materials

Adult Reference Materials

Children's Reference Materials

Other Reference Materials

NATIONAL RESOURCE INFORMATION

Al-Anon Family Group Headquarters. Al-Anon was established as a resource for family members and friends of alcoholics. It is a free, nonprofessional, worldwide organization with more than 30,000 groups. (See your telephone White Pages.)

American Council for Drug Education. This organization provides information on drug use, develops media campaigns, reviews scientific findings, publishes books and a newsletter, and offers films and curriculum materials for preteens. 204 Monroe Street, Rockville, MD 20850. Telephone (301) 294-0600.

Chemical People Project. The project supplies information in the form of tapes, literature, and seminars. The Public Television Outreach Alliance, c/o WQED-TV, 4802 Fifth Avenue, Pittsburgh, PA 15213. Telephone (412) 391-0900.

Families Anonymous, Inc. This worldwide organization offers a 12-step, self-help program for families and friends of people with behavioral problems usually associated with drug abuse. The organization is similar in structure to Alcoholics Anonymous. P.O. Box 528, Van Nuys, CA 91408. Telephone (818) 989-7841.

Families in Action National Drug Information Center. This organization publishes *Drug Abuse Update*, a quarterly journal of news and information for persons interested in drug prevention. $25 for four issues. 2296 Henderson Mill Road, Suite 204, Atlanta, GA 30345. Telephone (404) 934-6364.

Hazelden Foundation. This foundation distributes educational materials and self-help literature for participants in 12-step recovery programs and for the professionals who work in the field. Pleasant Valley Road, Box 176, Center City, MN 55012-0176. Telephone (800) 328-9000.

Institute on Black Chemical Abuse. This institute provides training and technical assistance to programs that want to serve African-American/black clients and others of color more effectively. 2614 Nicollet Avenue, Minneapolis, MN 55408. Telephone (612) 871-7878.

"Just Say No" Clubs. These clubs provide support and positive peer reinforcement to youngsters through workshops, seminars, newsletters, and a variety of activities. 1777 North California Boulevard, Suite 200, Walnut Creek, CA 94596. Telephone 1-800-258-2766/(415) 939-6666.

Nar-Anon Family Group Headquarters. This organization operates in a manner similar to Al-Anon and supports people who have friends or family members with drug problems. World Service Office, P.O. Box 2562, Palos Verdes Peninsula, CA 90274. Telephone (213) 547-5800.

Narcotics Anonymous. Similar to Alcoholics Anonymous, this program is a fellowship of men and women who meet to help one another with their drug dependency problems. World Service Office, P.O. Box 9999, Van Nuys, CA 91409. Telephone (818) 780-3951.

National Clearinghouse for Alcohol and Drug Information (NCADI). NCADI is a resource for alcohol and other drug information. It carries a wide variety of publications dealing with alcohol and other drug abuse. Box 2345, Rockville, MD 20852. Telephone (301) 468-2600.

National Council on Alcoholism, Inc. This national voluntary health agency provides information about alcoholism and alcohol problems through more than 300 local affiliates. 12 West 21st Street, New York, NY 10010. Telephone (212) 206-6770.

National Crime Prevention Council. This organization works to prevent crime and drug use in many ways, including developing materials (audio visual, reproducible brochures, and other publications) for parents and children. 1700 K Street, N.W., Washington, D.C. 20006. Telephone (202) 466-NCPC.

National Federation of Parents for Drug-Free Youth, Inc. This organization sponsors the National Red Ribbon Campaign to reduce the demand for drugs and the Responsible Educated Adolescents Can Help (REACH) program designed to educate junior and senior high school students about drug abuse. Communications Center, 1423 North Jefferson, Springfield, MO 65802. Telephone (417) 836-3709.

National PTA Drug and Alcohol Abuse Prevention Project. Offers kits, brochures, posters, and other publications on alcohol and other drugs for parents, teachers, and PTA organizations. 700 North Rush Street, Chicago, IL 60611. Telephone (312) 577-4500.

Safe Homes. This national organization encourages parents to sign a contract stipulating that when parties are held in one another's homes they will adhere to a strict no-alcohol/no-drug-use rule. P.O. Box 702, Livingston, NJ 07039.

Toughlove. This national self-help group for parents, children, and communities emphasizes cooperation, personal initiative, and action. It publishes a newsletter, brochures, and books, and it holds workshops. P.O. Box 1069, Doylestown, PA 18901. Telephone 1-800-333-1069/(215) 348-7090.

TELEPHONE, TOLL-FREE RESOURCE INFORMATION

1-800-COCAINE — A COCAINE HELPLINE

A round-the-clock information and referral service. Recovering cocaine-addict counselors answer the phones, offer guidance, and refer drug users and parents to local public and private treatment centers and family learning centers.

1-800-NCA-CALL — NATIONAL COUNCIL ON ALCOHOLISM INFORMATION LINE

The National Council on Alcoholism, Inc., is a national nonprofit organization that combats alcoholism, other drug addictions, and related problems. The council also provides referral services to families and individuals seeking help with alcoholism or other drug problems.

1-800-241-7946 — PRIDE DRUG INFORMATION HOTLINE

A national resource and information center, Parents' Resource Institute for Drug Education (PRIDE) refers concerned parents to parent groups in their state or local area; gives information on how parents can form a group in their community; provides telephone consultation and referrals to emergency health centers; and maintains a series of drug information tapes that callers can listen to, free of charge, by calling after 5:00 p.m.

1-800-622-HELP NIDA HOTLINE

NIDA Hotline is a confidential information and referral line that directs callers to cocaine abuse treatment centers in the local community. Free materials on drug abuse are also distributed in response to inquiries.

ADULT REFERENCE MATERIALS

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Children of Alcoholics, by Barry Stimmel, MD, Haworth Press, New York, 1987.

Facing Shame, by Merle A Fossum and Marilyn J. Mason, W.W. Norton and Co., New York, 1986.

Free To Be a Family, by Marlo Thomas and Friends, Bantam Books, Inc., New York, 1987.

It Will Never Happen to Me, by Claudia Black, MSW, MAC, 1982.

Looking at Life, by the Head Start Bureau, 1987.

Self-Esteem, by Matthew McKay, Ph.D., and Patrick Fanning, Saint Martin's Press, New York, 1987.

Self-Esteem A Family Affair, by Jean Illsley Clarke, Winston Press, 1978.

Windows to Our Children, by Violet Oaklander, Ph.D., Real People Press, 1978.

Your Child's Self-Esteem, by Dorothy Corkille Briggs, Doubleday and Co., Inc., New York, 1975.

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Dreams: "What I Want to Be...", by Sandy Morgan, Lucky Inc., Minneapolis, MN, 1987.

Family Is a Circle of People Who Love You, by Doris Jasinek and Pamela Bell Ryan, Comp Care Publishers, 1988.

I Can Say "No", by Sandy Morgan, Lucky Inc., Minneapolis, MN, 1987.

I Know the World's Worst Secret: A Child's Book About Living With an Alcoholic Parent, by Doris Sanford, Multnomah Press, Portland, OR, 1987.

I'm Somebody Special, by Sandy Morgan, Lucky Inc., Minneapolis, MN, 1987.

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I Was so Mad, by Norma Simon, Albert Whitman and Co., Niles, Ill., 1974.

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Vegetable Magic: A Pre-school and Kindergarten Nutrition Education Source Book, by Michele Palmer and Arline Edmonds, M.S., R.D., Connecticut State Board of Education and The University of Connecticut, 1981.

You and Me, by Sandy Morgan, Challenge Productions, Inc., Minneapolis, MN, 1987.

OTHER REFERENCE MATERIALS

Addictions: Issues & Answers, by Jerome Jaffe, Robert Petersen, and Ray Hodgson, Multimedia Publications, Inc., 1980.

Alcoholics Anonymous, by Alcoholics Anonymous World Services, Inc., 1976.

Behavioral Intervention Techniques in Drug Abuse Treatment, edited by John Grabowski, Ph.D., Maxine L. Stitzer, Ph.D., and Jack E. Henningfield, Ph.D., National Institute for Drug Abuse, 1984.

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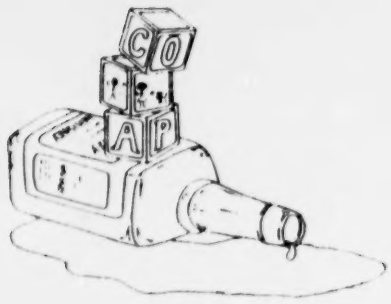

APPENDIX E

USER EVALUATION LETTERS

COMMUNITY COLLEGES OF SPOKANE

Institute for Extended Learning
E7401 Mission Avenue MS 1050
Spokane, Washington 99212-1148

Head Start / ECEAP
(509) 536-8060
(509) 536-8019

May 1, 1990

To Whom it May Concern:

COMMENTS ABOUT THE COAP CURRICULUM

I have been using the COAP Curriculum for several weeks now and am almost half way through it with my small group of children. I have found it to be very readable, understandable, logical in sequence of topics, and useful. It gets at the problems that the kids are experiencing, and I am beginning to realize that we are just scratching the surface of many of these problems. Next year I will begin using it near the beginning of the school year, so that it can be a springboard for discussion throughout the year. The kids know the language that the curriculum uses and they really open up when they know that you know the language, too, and want to talk about it. There is a real variety of activities that are appropriate to preschoolers such as art projects, puppets, stories, take home papers to parents, and songs. The half-hour suggested for small group time works well--it's not too long but seems to be just about right. It's very exciting for me to see the kids respond and ask questions, and begin to digest and use the information.

As a teacher and a non-drinking adult, I am learning to acknowledge and face the issues that children see and must deal with regarding alcohol. One boy in group said his dad liked him to drink the rest of the can of beer and would get real mad if he didn't, and he couldn't say "NO." That was useful information to me but I couldn't leave it there so we discussed possible solutions he might try. He could pretend to drink from the can and then dump it out in the kitchen or bathroom OR take it and dump it out right away. This five year old is learning life-time attitudes about drinking right now and the sooner we can intervene with concrete and accurate information, open discussion, and positive choices for him, the better chance he'll have to deal with alcohol in his life. The COAP CURRICULUM provides just such information and means for discussions.

Respectfully,

Marylu Wade

Marylu Wade
Classroom Teacher
Spokane County Head Start/ECEAP

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COMMUNITY COLLEGES OF SPOKANE

Institute for Extended Learning
E7401 Mission Avenue MS 1050
Spokane, Washington 99212-1148

Head Start / ECEAP
(509) 536-8060
(509) 536-8019

May 21, 1990

To Whom It May Concern:

I have been using the newly written curriculum Children of Alcoholics Project by Leona DeMonnin in my Head Start classroom. I currently have a small group of eight children, each child having a parent that is an alcohol and/or drug abuser. Through using this new curriculum, I am gaining greater knowledge and insight into the classroom behavior of these children.

I have found the C.O.A.P. curriculum to be well planned, having age-appropriate activities that relate well to a four and five year-old's cognitive and physical development. Each chapter is prefaced by an explanation of the topic so the group leader can gain basic knowledge of the chapter. I have appreciated this format as it helps me to become more familiar and gain a greater understanding of alcoholic behavior.

The short topic presentations, the active group participation exercises, and the take-home activities all help to keep an active preschooler's interest. The home-talk page has been especially helpful, informing the parents of what was discussed so they can be an active participant at home as their child feels the need to talk. Parents have come to me wanting to know about what was presented in group, telling how C.O.A.P. is helping their child (such as the little boy who asked for his pillow so he could hit it instead of his sisters), and wanting their child to continue in the group when it's presented again.

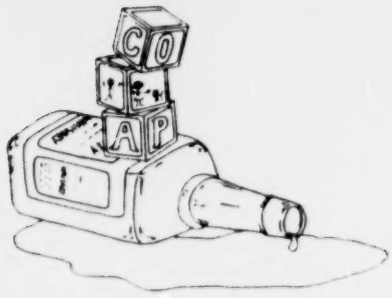
I feel that the C.O.A.P. curriculum is a valuable tool that is needed by early childhood professionals who work with dysfunctional families. It is helping the eight children in my group learn that they can't stop adults from drinking alcohol, they do have parents that love them, and that each one is a very special person.

I truly appreciated the opportunity to utilize this valuable teaching aid and plan to continue to use it when needed.

Sincerely,

Judy Stuenkel

Judy Stuenkel
Head Start Teacher



APPENDIX F

USER'S EVALUATION FORM

COAP
Children of Alcoholics Project

User's Evaluation Form
Field Test Copy

Please let us know which activities you found most useful, which ones should be changed and suggestions for change and/or new activities to be included in the next edition.

Section	Activity	How to Change It

Activities you think should be added:

Comments about the format, organization and layout of COAP (Use back of the page if you need additional space.):

Name _____ Responsibility _____
(Optional) (Job Title)

Contact person: Leona F. DeMonnin
3305 West Fort George Wright Drive
Spokane, WA 99204
Phone: (509) 536-8044